TEACHERS' PERCEPTIONS AND EXPECTATIONS OF PLAY THERAPY IN A PRE-PRIMARY SCHOOL

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DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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ABSTRACT

The purpose of this study is to explore teachers' perceptions and expectations of non-directive play therapy. Teachers such as those in this study, who are the referral agents for play therapy, can have an especially powerful effect on children's lives. Since their perceptions and expectations influence their decisions to refer children who need emotional support, it is therefore essential that psychologists know and understand their perceptions and expectations. As psychologists we need to form a supportive and co-operative relationship with teachers so they understand our role as therapists working with children. We need to understand and respect their role and to value our partnership with them. This partnership is essential for successful relationships with children and their families.

This study includes an analysis of the literature relating to social constructivism, the theory that informs the fieldwork, the value of children's play, the theory of non-directive play therapy and common perceptions and expectations of (non-directive play) therapy. The study is located within an interpretive paradigm. More specifically a basic interpretive study was used as a bridge to link the research questions and the implementation of the research. The data were collected making use of qualitative methodology and congruent methods of data collection and data analysis. A discussion of the identified categories and a summary of the findings is presented in Chapter Four. Findings which emerged from the analysed data underline the importance teachers ascribe to a close working relationship with psychologists. Teachers are often excluded from the process of play therapy, but need to feel valued and included as they play a role in the process. The findings also show that teachers feel there should be more training and information provided to parents and teachers to avoid false perceptions being created which lead to negative expectations. Teachers perceive the value in the process of non-directive play therapy and expect that this process would be very beneficial for children. However, they feel that it is a last resort. They also expressed the need for assistance in making the referral for therapy. The final chapter presents the conclusions of the study, the limitations of the study, further research possibilities and personal reflections on the study.

This research could provide psychologists working in a school setting with valuable insights into the perceptions and expectations of teachers. It could also guide psychologists working with the school system who wish to form a co-operative working partnership with teachers aimed at providing better support to the children and families with which they work.

OPSOMMING

Die doel van hierdie studie is om onderwysers se aannames en verwagtinge van nie-direktiewe spelterapie te ondersoek. Onderwysers soos dié in hierdie studie, wat die verwysende agente vir spelterapie is, kan 'n besonder sterk invloed op kinders se lewens hê. Aangesien onderwysers se aannames en verwagtinge hulle besluit kan beïnvloed om kinders wat emosionele steun nodig het, te verwys, is dit noodsaaklik dat sielkundiges hierdie aannames en verwagtinge ken en verstaan. Sielkundiges behoort 'n ondersteunende en koöperatiewe/samewerkende verhouding met onderwysers op te bou sodat die onderwysers sielkundiges se rol as terapeute wat met kinders werk, kan verstaan. Sielkundiges behoort die onderwysers se rol te verstaan en te respekteer, en die vennootskap met onderwysers te waardeer. Hierdie vennootskap is noodsaaklik vir suksesvolle verhoudings met kinders en hulle families.

Hierdie studie sluit 'n analise van die literatuur wat handel oor sosiale konstruktivisme, die teorie onderliggend aan die veldwerk, in, asook die literatuur rakende die waarde van kinderspel, die teorie van nie-direktiewe spelterapie en algemene begrippe en verwagtinge van sulke terapie. Die studie val binne 'n interpretatiewe paradigma. 'n Basiese interpretatiewe studie is gebruik as 'n brug tussen die navorsingsvrae en die implementering van die navorsing. Die data is versamel deur gebruik te maak van kwalitatiewe metodologie en kongruente metodes van dataversameling en data-analise. Hoofstuk Vier bied 'n bespreking van die geïdentifiseerde kategorieë en 'n opsomming van die bevindinge. Resultate verkry uit die geanaliseerde data onderstreep die belang wat onderwysers aan 'n goeie werksverhouding met sielkundiges heg. Onderwysers word dikwels uitgesluit van die proses van spelterapie, maar het 'n behoefte om waardeer en ingesluit te word, aangesien hulle 'n deel van die proses vorm. Die resultate wys verder dat onderwysers meer opleiding en inligtingoordrag aan beide ouers en onderwysers nodig ag om vals aannames, wat tot negatiewe verwagtinge lei, die hoof te bied. Onderwysers is bewus van die waarde van die nie-direktiewe spelterapieproses, en verwag dat hierdie proses tot voordeel van kinders sal wees. Hulle voel egter dat dit 'n laaste uitweg behoort te wees. Onderwysers het ook die noodsaak van hulp met

die verwysingsproses beklemtoon. Die laaste hoofstuk bied die gevolgtrekking van die studie en die gebreke daarvan, asook moontlikhede vir verdere navorsing en persoonlike refleksies.

Hierdie navorsing kan sielkundiges wat binne 'n skoolopset werk van waardevolle insig in die aannames en verwagtinge van onderwysers voorsien. Dit kan ook gebruik word as 'n gids vir sielkundiges binne die skoolsisteem wat graag 'n goeie koöperatiewe werksverhouding, wat daarop gemik is om beter ondersteuning aan kinders en hul families te verskaf, met onderwysers wil vestig.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

Teachers have an immensely powerful role in the lives of children. In the case of the community school where this research was conducted, they are the referral agents for play therapy. Since their perceptions and expectations influence their decision to make a referral or not, it is vital that psychologists be aware of these. The purpose of this study, therefore, is to explore teachers' perceptions and expectations of non-directive play therapy. A supportive and co-operative relationship between therapists and teachers is an essential ingredient in successful therapeutic relationships with children and their families. Teachers need to understand our role as therapists and we need to understand and respect their role.

1.1 MOTIVATION

I work at a school where teachers are the referral agents for therapeutic intervention. I conducted this study because in my experience, there is not a clear understanding of what therapists do or what the point of play therapy is and there is a sense of frustration that children are not 'fixed' quickly. These perceptions and expectations influence their decisions. Once having gained an understanding of these, I would be better placed to explain to teachers the process of play therapy and how I would use it to work therapeutically with a child and their family. This should mean that there would be fewer confusions and disappointments.

I believe that psychologists need to form a partnership with teachers. We need to value their role and ensure that there is greater understanding of the work we do and our role. If we work as a co-operative team, we are bound to be more effective in assisting children and families.

1.2 DEVELOPMENT OF THE STUDY

Understanding teachers' perceptions and expectations developed as an interest. I had hoped to find information on the topic in order to gain a deeper understanding of

how teachers perceptions and expectations influence their decision to refer children for support as well as what teachers belief systems are with regards to the efficacy of therapeutic intervention. When I looked at the literature available I found that there was no literature, which dealt specifically with teachers' perceptions and expectations of (non-directive) play therapy. However, I did find literature on perceptions and expectations and read about how these two thought processes influenced peoples' decisions and actions. This awakened even more interest for it confirmed that perceptions and expectations have a significant effect on a person's belief system, the decisions that they make and therefore the action that they take.

The initial literature review also revealed that expectations influence the process and outcome of psychotherapy and perceptions influence whether or not a person begins or continues therapy. A person's perceptions and expectations may differ sharply from the reality, which makes it all the more important to understand the other person's perceptions and expectations. It is also important for people to be prepared and informed as there is a high correlation between success in therapy and preparation. For this reason, in addition to the literature on peoples' expectations and perceptions of psychotherapy, it would be necessary to discuss what the value of children's play is and provide an overview of the theory behind non-directive therapy. With the assistance of this literature to strengthen and frame my study, I set out to find out specifically what teachers perceptions and expectations of non-directive play therapy are.

1.3 PROBLEM STATEMENT

In order to work holistically within a system it is necessary to look at the role, which teachers play as part of a support system. It is important to understand what their perceptions and expectations of non-directive play therapy may be. My own observation or experiences with teachers have shown that there is support, indifference and dislike for therapy with children. For this reason it would be valuable to the researcher to gain a better understanding of the meaning teachers have attached to children interacting with therapists. As an educational psychologist this would be of great assistance when working with teachers as part of the child's systemic world.

1.4 RESEARCH AIMS

The aim of the research is for teachers and psychologists to develop a stronger relationship. When working with children and families, a team approach is essential. If one party does not feel understood or valued by the other, then a team or partnership will not develop. By doing this research it is my hope that psychologists develop a clearer understanding of the perceptions which teachers have about play therapy and the outcomes that they expect. A clearer understanding of where teachers are coming from means that psychologists are in better position to understand and begin their intervention or approach in such a manner that it may be more effective. Therefore, through this research I would like to understand what meaning teachers make of the process of non-directive play therapy and as a result what do they feel the benefits or disadvantages of therapeutic interventions are? I would also like to hear what teachers' perceptions and expectations are of non-directive play therapy as this gives an indication of the meaning they have made of the process as well as give an indication of where additional knowledge can be shared. This research and its outcomes may also provide a useful guide for therapists who work in a school setting.

1.5 EXPLORATION OF THE RESEARCH QUESTION

My research question was: What are teachers' perceptions and expectations of the non-directive play therapy process?

In order to address this question I as the primary tool for data collection conducted informal observations at the school during the time frame of the study. This field work took place in the teachers' natural setting - the school. This was important as I wanted to observe naturally occurring and meaningful behaviour. As I, the researcher, am a member of the school staff, I was be able to engage in participant observation (Mertens 2005:382-389) while collecting data.

The literature review guided the data collection. In the beginning phase of my data collection key concepts and ideas were taken from the literature and compiled into an open-ended questionnaire style document. A lot of blank space was left below the questions taken from the literature review to allow the participants to provide their own meaning of the concepts. Teachers also had the option of communicating with

me, taking the open-ended questionnaire style document as the point of departure. In such cases the questionnaire was used more as an interview guide.

Once the information had been obtained from the open ended questionnaires or guided interviews it was collated and analysed to provide themes which were used as discussion starters in the focus group. All teachers were invited to participate in the focus group. They were informed that the information would remain confidential in the report. However, I would have access to the information in my role as the researcher facilitating the focus group. This information was used to guide an interview as well as be analysed and presented as findings in the report. The final confidential report is intended to assist psychologists to create partnerships with teachers.

The focus group consisted of eight speakers. The eight members were included as eight was the total amount of teachers that were willing and available to take part in the study. The themes obtained from the analysis of the open-ended questionnaire were used as a guide in the formation of the questions for the focus group. These open-ended questions were placed in context so that the teachers knew what was being asked of them. In order to assure that the participants felt free to interact and participate amongst their homogenous group, I avoided *why questions* since these could have made the participants feel defensive (Mertens 2005:382-389). These focus group interviews were recorded and transcribed. Teachers were also given hard copy hand outs on which they were able to record their reflections during the interview. These key note sheets were included in addendum D but were not used by most teachers

Finally the Early Childhood Director was interviewed. As a teacher herself with years of experience she was able to provide a richly descriptive account of her perceptions and expectations of non-directive play therapy. This interview was done in the school setting and themes taken from the continuous reflection on the data done up until this stage were used to encourage interaction and build rapport in the interview (Mertens 2005:382-389). I needed to be conscious of any meaning that this participant added to the interview in order to ensure that I accurately interpreted her own constructed meaning. This interview was recorded and transcribed.

As this study was conducted using a qualitative methodology the design used to collect data was not fixed or static as these restrict the exploratory and constructive nature of knowledge creation. The qualitative design of this study allowed for change during the research process, which is necessary when one works with multiple changing realities (Terre Blanche et al. 2006:35). This was demanding research as I needed to constantly reflect on the process and "refine and develop the research design throughout the research process to ensure valid conclusions" (Terre Blanche et al. 2006:36-37).

1.6 RESEARCH PARADIGM, DESIGN, METHODOLOGY AND METHODS

This research was conducted within the constructivist paradigm. According to Poplin (1988:411),

> One of the major tenets of constructivists' views of learning is that in order to learn new information, learners must be actively involved in the learning process. They must actively construct meaning for themselves, rather than merely passively accepting the information delivered from outside. Constructivists stress that we cannot make people learn because learners must construct new meanings for themselves.

Although her comment relates to learning disabilities, it is relevant in that the focus of non-directive play therapy is learning - learning about the self, others and new ways of understanding. I believe that meaning is created. As Axline (1989:101) argues, understanding of the self and change in behaviour needs to come from within the child as a result of insight that he or she has achieved. This is the only way that meaningful and lasting value is created.

The therapeutic relationship, developed during the process of non-directive therapy, emphasises permissiveness and allows the child to lead, thus centring the therapy on the child. In this accepting relationship and therapeutic space the child is able to construct a new meaning and understanding for him or herself.

The research paradigm, which represents the way that I as the researcher view the world, falls within the interpretive/constructivist paradigm. When working within this paradigm the search is for meaning. The purpose of this research is to understand the teachers taking part in the study and the role that they play as they engage in the process of making sense of their world.

In order to obtain information about these teachers' meaning making I made use of a basic interpretive study. This design is located within an interpretive/constructivist paradigm and focuses on understanding meaning. Constructivism informed the basic interpretive study and guided the collection of data.

I believe that meaning is socially constructed by these teachers in interaction with their world and therefore wanted to understand the meaning that they created with regard to the process of non-directive play therapy. The purpose of the research was, therefore, to understand and describe the meaning that particular teachers attached to the process of non-directive play therapy. Qualitative research methodology allowed me as a researcher to understand and describe these teachers' meaning making process.

In order to collect data, which richly describes these teachers perceptions and expectations I made use of data collection techniques, which encourage interaction and depth. These methods were chosen because they are appropriate for the paradigm, design and methodology of this study.

When analysing the data I made use of (Mertens 2005:423-424) grounded theory, also known as the constant comparative method, which is an interactional method by which one can build theory. By using open coding methods to unpick the data and then making comparisons and asking questions of the data themes are identified. Axial coding will then be used to pull the information back together and place it in a context. The researcher is then able to make connections and categories that can be used to gain a deeper understanding of the findings as they relate to the research questions.

CONCEPTUAL ANALYSIS

Perceptions:

The Penguin Dictionary of Psychology (Reber 1995:550) defines perceptions as:

"An awareness of the truth of something. This sense is largely non-technical and connotes a kind of implicit, intuitive insight ... In essence, the study of perception always begins with recognition of the fact that what is perceived is not uniquely determined by physical stimulation but rather, is an organized complex, dependent upon a host of other factors. The cognitive and or emotional stance that is taken towards a stimulus array strongly affects what will be perceived."

According to the American Heritage Dictionary of the English Language (2004) perception consists of "acquiring, interpreting, selecting, and organising sensory information." Psychologists who work from a cognitive model believe that people create a model of the way the world works. With the acquisition of new information these precepts, or models of the way the world works, shift. It can then be hypothesised that our precepts or perceptions guide our thinking and understanding.

Expectations:

The Penguin Dictionary of Psychology (Reber 1995:268) defines expectations as:

"The anticipated outcome of a probabilistic situation, the expected value. The true meaning. An emotional state of anticipation."

When people are uncertain or unsure of what will happen they make a decision based on the knowledge and understanding that they have. As a result of this they have certain expectations. Not all expectations are realistic and the result or outcome of situations in which a person had an expectation, leads to an emotion - either pleasure or disappointment. Therefore past or heard of experiences, as well as knowledge play a large role in the expectations one has before repeating or making a decision (The Houghton Mifflin Company Dictionary and Thesaurus 1995).

Non-directive play therapy:

"Non-directive Play Therapy describes an approach to working with children which is in essence an extension of Rogerian psychotherapy, but takes account of the fact that play is 'the child's natural medium of self-expression'. The underlying philosophy of the approach is that all human beings are motivated by a drive for self-realisation, both children and adults. The assumption is that given the opportunity to express themselves freely, children will play through their conflicts and arrive at a solution to them" (Wilson et al. 1992).

1.7 SUMMARY OF THE WHOLE STUDY AND OUTLINE OF THE OTHER CHAPTERS

The second chapter provides an analysis of the literature available, which relates to social constructivism as this informs the study, the value of children's play, the theory of non-directive play therapy and common perceptions and expectations of (non-directive play) therapy.

Chapter Three sets the study within the interpretive paradigm, more specifically a basic interpretive study, which was used as a bridge to link the research questions and the implementation of the research. The data were collected making use of qualitative methodology, which informed the choice of data collection and analysis methods.

Following the guide for data collection discussed in Chapter Three, the data obtained are transcribed and analysed in Chapter Four in order to provide a description of teacher perceptions and expectations of the process of non-directive therapy. In addition to this, teachers views on the principles and theory of non-directive play therapy, their understanding of the value that play has for children and their suggestions for improved team work between teachers and psychologists. These were recorded, transcribed and analysed. A discussion of and a summary of the findings are presented in Chapter Four.

In Chapter Five, the final chapter, the conclusion of the findings are discussed and used to answer the research question: what are teachers' perceptions and expectations of the process of non-directive therapy? I also provide a summary of the procedure I followed in exploring this question and arriving at my findings, an outline of the limitations of the study, further research possibilities and my personal reflections on the study.

Chapter One has provided the introduction to this study. In the following chapter, a review of the literature, which informed the collection, analysis and reporting of findings will be presented.

CHAPTER TWO

PLAY THERAPY: THEORY, PERCEPTIONS AND EXPECTATIONS

This chapter will provide a detailed review of the available literature on the purpose of children's play as well as on people's perceptions and expectations of play therapy and the theory of non-directive play therapy. This provides greater insight into the laypersons views on psychotherapy, as well as a guide to the questioning and data gathering process.

2.1 WHAT IS PLAY AND WHAT IS THE VALUE OF PLAY IN CHILDREN'S EVERYDAY LIVES?

Before we can understand what the value of non-directive play therapy is, we need to understand that play in itself is important, and that as therapists we are harnessing a medium that children already use for development and expression:

> The fact that play is guaranteed by the United Nations as an inalienable right of childhood for children all over the world reveals the great importance placed upon play as an important task that facilitates a child's growth and maturation (Brems 2002:248).

Children's play is often likened to work and described as their occupation; their toys are their work tools. Using this metaphor to describe play may be a way to justify play in adult's eyes; play is important in and of itself, even if not seen as a child's work (Brems 2002).

Axline (1947:16) describes play as the most "natural medium for self expression", a way in which children are able to communicate and a method, which adults can use when they want to communicate with children. Play is a medium of communication, which needs no words. Play is person-centred and toys are used to facilitate growth and enable the child to enact important life situations (O'Conner 2000).

The very process of play is the end goal and not the final product of the play session. In fact, very often there is no end to play in a non-directive play session even if the child appears to set goals. Play follows no logical course and a course of play can

change in direction or theme just as quickly as it has begun. Despite this, play is nevertheless unconsciously purposeful. Although adults may not observe a purpose or end target, play serves a purpose to the child - whether we recognise it or not (Brems 2002:248). As Brems (2002:249) notes, play is not as simple as it appears to adults and very often children use play to express meaning and come to conclusions. Children use play to master their environment.

Freud's definition of play emphasises that children arrange their world in a new order that pleases them during play (Brems 2002:249) which shows us a child's purpose when playing therapeutically. What then are the main purposes of a child's everyday play? According to Brems (2002:249), a child's play has three main functions. The first is self-development, the second for maturation or growth and the third to build and understand relationships.

(1) **The Self-Development Function** encourages children to express themselves through play. The act of playing allows the child to express their feelings as well as explore those feelings of which they are unsure. Through play children discover their likes and dislikes and are able to exert a sense of control over their world. Play has also been observed to assist children during difficult situations; they naturally begin to play in order to cope with life stresses. Children have an understanding of their life and the experiences they have had, but are not able to use the complex and often abstract language, which is needed to explain such thoughts and feelings. Therefore play is used as a simple method of expressing and understanding these complex thoughts. Children enjoy the feeling of being busy and engaged in an activity and play provides this stimulation for children (Brems 2002:249).

(2) **The Maturation Function** allows children to explore his or her environment and to gain a greater understanding of the objects and relationships, which he or she observes and is a part of. While playing, the child is acting out situations in which he or she is able to control events. This allows a child a sense of mastery over his or her world - an experience that children do not often have in real life situations.

Play is also used as a practice ground for children to enact that which they have observed or been taught. This is the case especially when a child's language is developing. Children are often observed talking to themselves or objects and repeating phrases and words in an adult like manner, e.g. a child talking to dolls in

the way his or her mother or father talks to him or her. Language is not the only task practised through play; all the child's developmental tasks such as motor and cognitive development are aided by play.

The act of playing allows a child to put into practice those moral teachings and problem solving skills which they have been exposed to. In this way they are able to organise their life experiences in a meaningful way (Brems 2002:249).

(3) **The Relationship Function** gives children a way in which they are able to communicate with others. Children use playing as the practice ground for understanding relationships. They imitate and act out roles, such as the parent or teacher role, in order to gain a greater understanding of these roles. This allows children to learn about their culture and environment and practice social skills. They play and explore relationships among people and use this opportunity to work through conflicts in relationships. Play allows children to feel connected to others while using the key figures in their life as models (Brems 2002:249).

> Developmentally, play bridges the gap between concrete experience and abstract thought. Play offers children the opportunity to organise their real-life experiences that are often complicated and abstract in nature. Children gain a sense of control through play and also learn coping skills (Ray, Armstrong, Warren & Richard 2005).

The tenet informing play therapy is that play, which is the child's natural medium of self-expression, is harnessed and used in a therapeutic environment. Play therapy is a constantly evolving interpersonal relationship between a child and a therapist. A therapist who is trained in play therapy introduces the child to the space and materials within that space. The therapist then facilitates the creation of a safe relationship. In this trusting and safe relationship the child is able to express and explore self through play.

2.3 NON-DIRECTIVE PLAY THERAPY

The aim of this study is to gain a better understanding of how teachers perceive non-directive play therapy and as a result what their expectations are. In order to influence their perceptions, teachers need a certain amount of information. In this way their perceptions could be brought into line with realistic expectations.

The next part of the chapter serves to give an understanding of the literature available on non-directive play therapy to provide a clear understanding of what, in terms of this study, non-directive play therapy is.

2.3.1 What is non-directive play therapy?

There are a number of definitions, which describe the principles of non-directive play therapy. Rather than relying on one source, I shall attempt to define non-directive play therapy by discussing important aspects of it, drawing on the relevant literature in order to do so.

Non-directive play therapy is a child-friendly addition to the principles of Rogerian psychotherapy. A key element in a person's understanding of non-directive play therapy is that the child [self] has the innate ability to heal him/herself [self] in the effort to strive towards self-actualisation:

> Non-directive Play Therapy describes an approach to working with children which is in essence an extension of Rogerian psychotherapy, but takes account of the fact that play is 'the child's natural medium of self-expression'. The underlying philosophy of the approach is that there exists in all human beings a drive for self-realisation, which motivates both children and adults. The assumption is that given the opportunity to express themselves freely, children will play through their conflicts and arrive at a solution to them (Wilson, Kendrichs & Ryan 1992:1).

The next key element of non-directive play therapy is the healing power of non-directive play therapy comes from the 'one-to-one relationship' noted by Wilson et al. (1992). The relationship is essential in that it is within this space that the child feels accepted and safe to explore his/her own emotions and feelings. In play therapy, the therapist's role is to 'listen, understand and respond' to the child's communication. The child is then able to experience these emotions and feelings. As a result these emotions and feelings often lose their negative power:

> Briefly expressed, the approach involves a special one-to-one relationship, where the therapist creates a safe and trusting climate in which the individual is free, if he chooses to do so, to express and explore some of his feelings. These may be communicated either directly or indirectly through behaviour and play. The task of the therapist is to listen, understand and respond to these communications in such a way as to help the individual towards a greater awareness of

> feelings, which when expressed and experienced in an accepting relationship lose much of their negative power" (Wilson et al. 1992:4).

The relationship and environment created by the therapist should allow the child the permissiveness to be him/herself without being judged or forced to conform to socially acceptable levels of behaviour. In this way the child is truly free to experience all dimensions of self, integrate these and achieve an appreciation of the self.

> Non-directive therapy grants the individual the permissiveness to be himself; it accepts that self completely, without evaluation or pressure to change; it recognises and clarifies the expressed emotionalised attitudes by reflection of what the client expressed; and, by the very process of non-directive therapy, it offers the individual the opportunity to be himself, to learn to know himself, to chart his own course openly and aboveboard - to rotate the kaleidoscope, so to speak, so that he may form a more satisfactory design for living (Axline 1989:14).

The Rogerian principle emphasises that people, in this case children, have an innate urge toward 'self-realisation'. By following the principles of non-directive play therapy, the therapist is able to create a space and relationship that gives children the freedom in which they can come to know, understand and accept themselves. The relationship, as provided by the therapist, offers the space within which this healing can take place.

2.3.2 The theoretical base or underpinning of non-directive play therapy

The concept of non-directive therapy originates from the work of Carl Rogers. According to Thompson and Rudolph (1992:82), Person-Centred Counselling is referred to as nondirective therapy because the therapist's focus is to listen to, and encourage his client. Carl Rogers believed that if the therapist created a warm and safe atmosphere a person would feel safe enough to share and face their problems. In sharing their problems with a non-judgemental therapist a person would be able to express him/herself and thereby gain a better understanding of his/her thoughts, feelings and emotions, adjusting his/her behaviour accordingly:

> The central tenet of Rogerial Psychotherapy ... is that individuals have within themselves a basic drive towards health and better functioning, and that they possess the ability to solve their problems satisfactorily if offered the opportunity and the right climate in which to do so. Given

> this drive and inherent ability, Rogers saw the therapist's role as being the creation of the right conditions in which this 'self-actualisation' can take place (Wilson et al. 1992:22).

This view is supported reiterated by Geldard and Geldard (2002:34). According to the Rogerian principles of counselling, the relationship between counsellor and client is said to be the healing factor. Therapists working within a person-centred model believe that people have worth and dignity and all people have the right to be respected. It is believed that if people are given the opportunity they will find the right path for themselves. When empowered to do so they can choose their own values and act in a responsible manner. All people given the opportunity and the support of an accepting relationship will be able to deal with their own feelings, thoughts and behaviours - as a result of this all people have the potential to change and grow (Thompson et al. 1992:82).

People possess the capacity to regulate and control their own behaviour. The counselling relationship is a way of using personal resources and as a result developing human potential in such a way that people/children are able to find a better fit between themselves and their lives thereby improving their functioning (Thompson et al. 1992:82).

The therapist has to create the atmosphere and establish a relationship, which will allow therapy to take place. According to Wilson et al. (1992:22), Carl Rogers believed that this relationship should be characterised by three elements or 'core conditions'. The first is 'genuineness and authenticity'. This core element emphasises that therapists should be themselves in interactions with children, behaving in a real and honest manner without putting a front on or playing a role. Therapists should be authentic in their approach, responses and interactions with their clients. The second core element is non-possessive warmth, which is caring but not experienced by the client as overbearing. It is important that the client feel a real sense of being accepted, cared for and valued. This sense of warmth cannot be feigned but needs to be genuinely felt by the therapist in order for the client to heal through the relationship. The third core element is an accurate level of empathy. This means that the therapist should neither be too sympathetic nor too optimistic in response to clients but rather meets them where they are emotionally. The therapist should reflect emotions and feelings to clients on the same emotional level that the clients

presented them. In this way clients feel understood and accepted and are then therefore better able to understand and accept themselves (Wilson et al. 1992:22).

2.3.3 The non-directive play therapy approach used by Virginia Axline

Virginia Axline developed a non-directive play therapy model used specifically with children. According to Geldard et al. (2002:34), this model utilises many of the principles of Rogerian therapy. Virginia Axline

> ... believed in a child's ability to solve their own problems in an environment where the relationship with the therapist was both secure and safe. She used Roger's techniques of reflective listening based on the counselling principles of empathy, warms, acceptance and genuineness (Geldard et al. 2002:34).

Virginia Axline (1989:69) developed eight principles for non-directive play therapy. These principles are elementary but effective when followed consistently. Since this study views Axline's approach to be useful when working with children it is necessary to examine the eight basic principles of non-directive play therapy in this model:

a) "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible" (Axline 1989:72).

The development of rapport begins from the first moment that the therapist meets the child. The child will be unfamiliar with the therapist, playroom or non-directive play therapy approach during the first meeting. At this stage it is necessary for a therapist to be consciously aware of the child's reaction, comments and behaviour. The therapist can use this as a guide and adjust his/her behaviour accordingly as well as reflect and respond on the child's cues so that he/she experiences being heard and understood. This initial meeting is the therapist's first opportunity to convey to the child that he or she is accepted and respected.

Acceptance and respect is conveyed through the therapist's body language, tone of voice and acknowledgement of the child's reaction without passing judgement. Geldard et al. (2002:34) articulate this well when they emphasise that the therapist should join the client by creating a 'warm, emphatic counselling relationship'. This means that the therapist's response to the child is empathetic. The therapist is meeting the child where he/she is in his/her play - the therapist relates to the child in

a non-judgemental manner offering a positive respect, which is not conditional on what the child does or does not do.

b) "The therapist accepts the child exactly as s/he is" (Axline 1989:82).

According to Axline (1989:72) most children enter therapy because a part of them is being rejected. It is therefore essential that a therapist accept the whole child. As a result the child will be able to expose and then integrate all aspects of him/herself. This allows for successful therapy. Schoeman and Van der Merwe (1996:22) affirm how important the aspect of acceptance is and states that before the child can really accept the therapist, he/she should first feel accepted her/himself.

A therapist shows acceptance in her/his attitude. By being consistent, open and honest as well as providing neither praise nor reprimand a therapist conveys acceptance. As noted by Wilson et al. (1992:24), acceptance means giving the client freedom to make choices and decisions. Once these choices have been made they need to be respected by the therapist. This does not mean that the therapist takes on a passive role in the therapy process; the therapist is an active participant who sets the tone and facilitates the client's development. This sense of respect for others is essential and will be felt by the child.

c) "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely" (Axline 1989:87).

The therapist provides the child with a time period in the room during which the child can use the room exactly as he/she chooses - what a rare experience for a child! This concept of permissiveness is verbally expressed at the beginning of the session. An example of such an instruction would be - you may play in this room for 50 minutes and in that time you may do as you wish (Axline 1989:200). However, a verbal expression is not enough and this permissiveness needs to be lived by the therapist in the session. The child needs to feel this permissiveness in the therapist's attitude, facial expression, tone of voice and actions. For example, if a child is playing and spills water or messes in the room the therapist should remain calm as he/she has given the child the freedom to use the room in whatever manner he/she likes. The therapist should maintain a gentle facial expression and tone of voice as this reassures the child. A therapist must not clean up should a child spill or mess, not direct a child's play by forcing a child to make use of specific toys and not ask a

child probing questions. In other words, the action that the therapist takes should show that he/she is really comfortable with allowing the child freedom in the room. This according to Axline (1989:88) shows the child that you mean what you say.

Children will question and test this experience of permissiveness as this is not an experience that they are familiar with in a relationship with an adult. However, repeated consistent experiences of a therapist allowing them to do what they have been told can gradually build their confidence in the therapist (Axline 1989:88).

d) "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into her/his behaviour" (Axline 1989:93).

O'Conner and Ammen (1997:133) state that it is very common for children to lack understanding of emotions. They may have difficulties in recognising emotions in themselves as well as others or they may lack the vocabulary necessary to express their emotions. Axline (1989:97) emphasises that, when therapists identify, understand and reflect on a child's emotions they help him/her to identify and integrate his/her. The therapist should follow the child as he or she leads the way. Wilson et al. (1992:23) describes this as mirroring of feeling and affect. In doing this it is important to use the language and symbols of the child. Axline (1989:97) suggests that rather than link current material with past experience to gain insights or ground interpretations, the therapist should track, which requires the therapist to comment on the child's process. Tracking or reflecting shows the child that the therapist is interested in his/her play, thoughts and feelings. Through the process of reflecting or tracking, the child is able to become conscious of his/her own process and his/her interactions with the therapist (O'Connor 2000:33).

In practice the therapist responds to what the child is saying or doing in an attempt to take the focus away from the content and rather respond to the deeper content of what is being communicated. This process of reflection may help the child to a greater awareness of what s/he is feeling. This also communicates to the child that the therapist has an understanding of what the child is feeling - this may help the child to feel less isolated or alone in what he/she is experiencing thereby allowing further exploration of these feelings (Wilson et al. 1992:25).

e) "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's" (Axline 1989:101).

Lasting change needs to come from within the individual as a result of the insight that he/she has gained. A therapist working from a non-directive approach places the choice of change on the child. No pressure or demands are placed on the child by the therapist. The playroom and the permissive relationship between therapist and child allow for gradual opportunities to risk change. The child gradually feels safe enough, within the space as well as the relationship, to risk change. In the process the child gains confidence boosting his/her self-esteem (Axline 1989:101).

f) "The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows" (Axline 1989:113).

This exerpt from Dibs (Axline 1964:191) underlines the child power experiences during non-directive play therapy sessions where he is allowed to lead the process:

> "Dibs leaned towards me. His eyes were shining. 'Everything I did, you did,' he whispered. 'Everything I said, you said.'
>
> 'So that's the way it was!' I said.
>
> 'Yes. "This is your room, Dibs," you said to me. "This is all for you."' (Axline 1964:191)

In what way does a therapist ensure that s/he allows the child to lead the way? According to Axline (1989:113 -114) s/he avoids using probing questions as this puts the child in a corner and limits their interaction with the therapist. She also feels that it is important not to praise directly or disapprove of the child, as it is important not to direct the play in any way. This may result in the child's playing for approval or avoiding areas of play for fear of disapproval. As a means of contributing to the creation of a safe space and trusting relationship with the child, it is important to grant requests as a way of allowing the child to feel he/she can ask for help.

The therapist also ensures that s/he is not leading the therapy by not making suggestions and ensuring that the child recognizes that the room is entirely at his/her disposal - he or she should not feel that he/she cannot touch or mess. The therapist should not influence the play by introducing topics or trying to lead the play in a direction, which s/he feels it, should take (Axline 1989:113-114). The therapist must

be aware that if s/he interferes in the process by directing the therapy (when the child has already begun to experience their own competence in leading) he/she will break down the child's confidence. Inconsistent practice will confuse the child.

g) "The therapist does not attempt to hurry the therapy along. It is a gradual process, recognised as such by the therapist" (Axline 1989:119).

O'Conner (2000:128) suggests that a relationship such as the one created within the context of play therapy is one that children seldom experience. This relationship is different from any relationship which they know in that the therapist is '100%' attentive to the child's needs during the session.

Children seldom experience such patience in their day-to-day lives. When they come to understand that the 50 minutes is their time to use as they choose and that they will not be rushed, they become calm and are able to relax.

Wilson et al. (1992:27) point out that by following the child's lead the therapist allows the child to access understanding of his/her own emotions. Children will do this in their own time and trying to force or prompt such expression of emotions will only make them withdraw. According to Axline (1989:120-121) children often play in a manner, which may not be therapeutic for sections of the session as they build up courage to express themselves. Although the therapist may be anxious to broach certain topics, it is important to remember that growth is gradual and only meaningful when it comes from the child.

h) The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of her/his responsibility in the relationship" (Axline 1989:122).

According to Axline (1989:126) children are familiar with limitations. If kept to the minimum and only used when necessary, they do not appear to damage the therapy in any way. Schoeman et al. (1996:15) quote Moustakas (1953:15) to present a stronger case setting of limits is essential to the success of non-directive play therapy: "without limits there would be no therapy." Drawing on Dorfman (1951:261), Axline (1964:1430), Kezur (1981:9) and Guerney (1983:38), Schoeman et al. (1996:15) explain some of the reasons for this. Setting of limits helps to link therapy to everyday life and ensures that the therapist and child maintain contact with reality which grounds the therapy. This facilitates the transfer of newly developed

understanding and skills. The setting of limits in the session also provides structure and boundaries in the therapeutic relationship, which encourages the child to build up his/her self-control making him/her aware of his/her responsibilities. As a result of these limits in the session, the predictability of limits creates security; thus safe and free play is encouraged. Ultimately limits assist the therapist to maintain an accepting relationship with the child and to ensure the child's safety.

Schoeman et al. (1996:17) argue that it is not always necessary to go into all the limitations at the beginning of therapy. The obvious ones, which may cause disappointment, such as time limits or not removing toys, need to be conveyed at the beginning of the session. Limitations, which pertain to the safety of the child, therapist or room, can be used when required.

What kinds of limitations are placed on children in non-directive play therapy?

a) Time limits

It is necessary that time limits are strictly enforced. This shows respect for both the child and therapist. The time limits contain the session and link it to the realities of life (Schoeman et al. 1996:16).

b) Limits on the use of materials

Materials should not be intentionally broken or used to hurt either the child or therapist. In addition to this the toys/materials in the room may not be taken away at the end of a session. This is quite easily explained by pointing out that other children use the room and the toys should always be in the room for all the children, including this specific child, to play with (Schoeman et al. 1996:16).

c) Limits on hurting self and others (therapist)

The child may not hurt hi/herself or the therapist. It is important that the therapist explain the underlying emotions in wanting to hurt self or therapist as well as the emotions when this limitation is placed on the child (Axline 1989:124-125).

d) Limits on the room

If a child leaves the playroom during the sessions s/he may do so but he will not be allowed to re-enter the playroom thereafter (Axline 1989:126).

2.3.4 Characteristics a non-directive play therapist should have

As Axline (1989:114) puts it, the therapist is "... the one who holds the mirror so that he or she [the child] can see him or herself as he or she is." The play therapist is an adult like no other in the child's life. The therapist is fully available and responsive to the child's needs without attempting to probe or direct the child's process of development. According to Axline (1989:114) the quality of the relationship is the healing factor. How the therapist feels about the child is more important than what the therapist knows about the child. Therefore, the first core characteristic, which a therapist needs to offer, is a sense of genuineness. The therapist needs to be real, open and transparent in his or her relationship with the child. The second core characteristic is being able to offer the child unconditional positive regard that the child is able to feel. The child needs to feel that the therapist has faith and hope in he/she can reach self-actualisation. The third is an ability to empathise with the child whilst attempting to understand the child and his/her way of being. This should be done without judgement or control (Nelson-Jones 2001:98-101).

> The building of a relationship begins with what the child sees and perceives in the therapist and is dependent on the therapist's sensitivity to the child's experiencing at the moment. Making contact with the child means responding with gentleness, kindness, and softness to the child's communication of self (Newmark 2005:2).

What type of problems would necessitate a child taking part in non-directive play therapy sessions and what skills do they acquire?

A significant adult in the child's life normally refers children for therapy. There can be any number of reasons for therapy to be recommended: social problems such as violence or abuse; familial problems such as divorce of parents, death of a parent or sibling rivalry; school problems such as learning difficulties and a low self-esteem, problems with peers or teachers. Play therapy can assist when there is a problem in the child's life, which he/she seems unable to solve or work through on his/her own and this problem, then begins to impact on him/her negatively.

Play is used in children's daily lives as a means of expression. Play therapists make use of this child's natural medium of expression to build a relationship with the child, allowing the child to communicate and heal him/herself in the process.

According to Brems (2002:252) we can divide the purpose of play in child therapy into three sub-purposes.

Firstly, play fulfils a relationship function in that the therapist establishes a special and trusting relationship with the child. Secondly, play fulfils a disclosure function, which facilitates diagnosis and assessment. The therapist allows full expression of all feelings and allows the child to act out unconscious material as well as fears that he/she may have. There is no limit on expression and he/she can express forbidden affects, needs or conflicts or reconstruct experiences. Thirdly, play ensures healing. Play thus provides a playground for intervention. It provides the child with a direction and a means to deal with his/her defences, resolve resistances, relieve tension and facilitate catharsis. Play gives the child a way to correct emotional experiences, learn coping skills and to experiment with new behaviours him/herself (Brems 2002:252).

What are some of the outcomes of non-directive play therapy?

Garry Landreth (cited in Newmark 2005:2) provides a useful summary of what children learn in play therapy:

> Play therapy encourages and eventually allows a child to develop respect for themselves. They begin to value themselves and their space in the world. This sense of empowerment allows children to Identify and own their feelings. Children become more centred and are able to exhibit more self-control and assume responsibility for themselves. This new-found confidence allows them to be creative and resourceful in confronting problems. They are able to determine their direction in life and ultimately become responsible for their choices because they accept themselves.

2.4 GENERAL PERCEPTIONS AND EXPECTATIONS OF PLAY THERAPY

What are teachers' perceptions and expectations and how do these perceptions and expectations influence teachers in their understanding of and thinking about play therapy. The school in which the study was conducted relies on teachers to identify vulnerable children who could benefit from play therapy sessions. It was therefore relevant to question what their perceptions and expectations of play therapy were, as this could influence a teacher's decision to identify a child for play therapy or not.

There are only limited studies done on the perceptions and expectations of non-directive play therapy and none that could be found which relate specifically to

teachers' perceptions and expectations. Consequently, a general review of literature which pertains to perceptions and expectations of therapy has been included.

2.4.1 The influence of people's perceptions and expectations on their view of therapy

Research conducted by Bonner and Everett (1982:202) investigates the outcome in psychotherapy. It is acknowledged that the process of psychotherapy is a multidimensional process with a multidimensional outcome. According to the findings of this research, expectations influence the process and outcome of psychotherapy.

These expectations, which a layperson has of psychotherapy, play a large role in whether or not a layperson will begin and then continue a course of therapy Wong (1994:630). In addition to this, the perceptions of the therapist and their credibility, as well as the cost of treatment further influences whether or not a person will begin and continue a course of therapy. The study done by Furnham, Pereira and Rawles (2001) confirmed that people have specific beliefs (perceptions) about psychotherapy before beginning and that these expectations then influence whom they turn to for help (Thiessen 1995:9).

It seems then that peoples' expectations have an influence not only on the success of therapy but also on whom the person turns to for help. In what follows, the ways in which expectancies impact the effectiveness of therapy are outlined.

To begin with a client has an expectation about what a therapist is and what therapy actually entails. This image of therapy which the person holds in his/her mind may be very different from the reality and this may put him/her off continuing treatment. For this reason it is important that the person understand what to expect and what is expected of him/her from the beginning. Not only can incorrect expectations affect whether a person continues with therapy on a particular occasion, but it may also negatively affect the decision to seek therapy again in the future. Lastly the expectations which the person who remains in has, either about therapy or the therapist, will influence the benefits of that therapy (Thiessen 1995:9).

If expectancies do impact on the effectiveness of therapy in the above manner, discovering which expectancies lead to the desired outcome of successful therapy and which expectations lead to the outcome of non-successful therapy would be useful (Thiessen 1995:9). Therefore, therapists must realise from the beginning of

their work with a client that expectancies about therapy play a large role in the success of therapy. What one believes about therapy affects whether one seeks therapy, stays in therapy, and/or benefits from therapy. Knowing about your clients expectations can help you as practitioner provide a more therapeutic situation for your clients. Hopefully, the end results of this are that clients perceive therapy to be more successful (Thiessen 1995:14).

> The more counsellors [therapists] know about the outcome of each expectation, the more aware counsellors [therapists] can be. With this awareness, they can attempt to manipulate the expectancy within the counselling relationship to cause a more desired outcome (Thiessen 1995:14).

A client's expectations in therapy speak directly to evaluating the effectiveness of therapy. As psychologists we need to ensure that the work we do is effective so that we can provide a valuable service to the community. If we want to evaluate the effectiveness of the therapeutic process, expectations are important factors for us as therapists to research and consider (Thiessen 1995:14). "Clients' expectations surely have an impact on whether therapy is successful. Measuring expectancies becomes necessary to determine how [these expectancies] influence the effectiveness of counselling [therapy]" (Thiessen 1995:14).

Therapists are being put under more and more pressure to work more effectively within a shorter period of time. An awareness of expectations could help therapists be more effective with individuals in shorter time periods and thus refine and shorten the therapy process. If therapists can manipulate an expectation leading to a desirable outcome, successful therapy will occur sooner. As a result, the therapy will be considered more efficient, time effective and successful (Thiessen 1995).

> Knowing their expectations of counselling [therapy] will tell counsellors [therapists] what certain groups think about counselling [therapy] that keeps them from seeking it. Counsellors [therapists] can then seek to manipulate the expectancies to provide a more comfortable atmosphere for groups who do not seek counselling [therapy] (Thiessen 1995:16).

2.4.1.1 The effects that expectations have on the counselling process

Clients who have unrealistic expectations seem to underestimate the contribution they need to make to the therapeutic process and to overestimate the ability of the therapist and the presence of a facilitative environment. This seems to reflect a naïve, wishful or magical view of therapy on the part of clients. Clients' expectations about counselling can be too high and they referred to this as magical thinking (Tinsley 1994:5).

Another detrimental pattern of unrealistic client expectations that affects therapy occurs when clients underestimate the counsellor's expertise or the presence of a facilitative counselling environment. Alternatively, these unrealistically low expectations could be indicative of low self-esteem or a pessimistic view of life in general (Tinsley 1994:5).

According to Wong (1994:625), there are complex factors, which influence clients. Prospective clients' beliefs about the process of psychotherapy, clients' experiences, and the efficacy of treatment may influence both clients willingness to engage in therapy as well as their level of participation:

> "... When an individual is faced with a specific therapist, the actual content of the session, rather than less immediate factors may play a more important role in determining her/his perceptions of the therapist. Consequently, it behoves the therapist to pay particular attention to her/his interventions and the interactions that transpire in the session. These may go a long way in overriding the client's initial attitudes towards psychotherapy. However, an underlying, although untested, assumption of this study was that a prospective client's beliefs, as well as her/his (or a third-party payer's) ability or willingness to pay the fee, can determine whether a therapist is consulted in the first place. Another factor that may influence the decision to seek psychotherapy is how the individual perceives clients of psychotherapy (e.g., "crazy" or "weak-willed" vs. "self-motivated") (Wong 1994:631).

What is of particular relevance for this study is that the publics' perceptions of psychotherapists and psychotherapy may influence the amount and types of individuals who choose or reject psychological treatment (Bram 1997:170).

2.4.2 What are common perceptions and expectations?

It seems that therapists who are seen as credible by their client have a stronger social influence than therapists who are perceived by their clients to be less credible.

The research focusing on what influences client's perceptions of therapists and psychotherapy provides interesting information on the common perceptions and expectations of therapy among laypersons.

It appears as though superficial factors such as a therapist's physical appearance play a role in a potential client's perception of who will be effective. On a deeper level clients are influenced by how comfortable they feel in the therapeutic situation and how skilled they perceive the therapist's skills to be. As seen above, they are even influenced by concerns about payment and the treatment style used by the therapist influence a client's decision to begin a course of therapy (Wong 1994:624).

It seems that once client have begun a course of therapy, they perceive an improvement in the symptoms that they presented with. They also found that there was a qualitative "improvement of general well being, relational and communicative skills, ability to understand oneself, increase of self-esteem and a feeling of having grown and being more mature" (Fava, Pazzi, Arduni, Masserini, Lammoglia, Lomazzi, Landra, Pazzaglia & Carta 2000:299-305). In other words, in addition to alleviation of symptoms there were far reaching improvements in the development of new skills and an improved relationship with oneself.

This is confirmed in findings recorded from questionnaires completed by clients who were in therapy. These findings revealed that people believed clients felt more confident and hopeful of their situation when in therapy than before. These people felt that they were able to acknowledge and cope with their feelings better than before. The results of the questionnaire also indicated that people did not feel rejected, challenged or judged by their therapists and experienced this as a safe relationship in which to learn to manage their difficulties (Wong 1994:627). The same study looked at the views the subjects agreed and disagreed with. These decisions reflect the perceptions and expectations of the subjects in question. The results indicated that people perceived psychotherapists as trying to help their clients develop a better understanding of themselves and the motives which drive their behaviour. They believed that psychotherapists encourage their clients to express their emotions and feelings and face their fears. Those clients who completed the questionnaire felt that all can benefit from psychotherapy and disagreed with stereotypes which suggest that all psychotherapists make their clients lie on couches

and that psychotherapist's only work with a limited number of personal problems (Wong 1994:628).

Thiessen (1995:13) found that some of the common expectations which laypersons have about the process of therapy and the therapist themselves centred on what the therapist's attitude and behaviour would be like. Most expected that the therapist would be accepting, working in a direct manner but offering a genuine empathy and nurturing towards the clients. They believed that the therapist would self-disclose when appropriate and be attractive and trustworthy. They expected that the therapist would be tolerant in the management of the clients and offer a high level of expertise. They were just as positive about the clients' behaviours and attitudes. Most expected that the clients would be motivated to participate in therapy and present with an openness and responsibility. Most also expected the process and outcome to be concrete and immediate.

Clearly, additional research needs to be done to address a number of issues. According to Tinsley (1994), therapists need to gain a greater understanding of how the detrimental effect of unrealistic expectations occurs. He suggests that unrealistic expectations interfere with the process of communication between client and counsellor. These unrealistic expectations could negatively affect therapy, leading to premature termination, as well as decrease the motivation of the client to work in counselling or they may lessen the influence of the psychologist (Tinsley 1994:5). In addition to this, Bonner et al. (1982:202) note that expectations and specifically inappropriate role expectations or misunderstandings about treatment cause a major problem when it comes to the treatment of children, which lead to dropouts at child psychiatric and guidance clinics:

> Additional studies in child psychotherapy have pointed to the importance of both children's and parent's role expectations to the treatment process. This research followed studies with adults, which suggested that a major reason for clients terminating treatment was that their expectations of therapy were discrepant from the therapeutic process.

The research reviewed in this section provided an overview of the perceptions and expectations revealed in research studies which laypersons hold about therapy and therapists. Humour gives us an indication of unsaid opinions and views.

In the *handbook of humor and psychotherapy – advances in the clinical use of humor* (1987:313), Fry & Salameh suggest we take note of stories, jokes and characterizations of the way society views the therapeutic process. These allow us to deduce expectations and fears that people in our communities have with regards to our profession. Awareness of how people in society view the profession of psychology may enable us to be more attentive, emphatic and sensitive to our clients.

According to Fry & Salameh (1987:313) when we understand the way that society views our interventions we will be able to educate people by providing accurate data about therapy to the public. Topics for discussion could be "what it is," "what it costs," "how long it takes," "how it affects others," and generally "what is reasonable to expect."

Common themes discussed in his book "tend to centre around the aspects of cost, length and effectiveness of treatment, and patient/therapist relationship themes. Such concerns may partially reflect the patients' emotional dilemmas in seeking help for very personal issues from someone about whom they know very little" (Fry & Salameh 1987:307-314).

2.4.3 Receptivity to or belief in therapeutic intervention?

> Furnham and Wardley (1990) found respondents tended to believe that clients of psychotherapy did feel better in therapy, and were more confident and hopeful (Furnham, Pereira & Rawles 2001:78).

According to this study conducted by Furnham and Wardley in 1990 laypersons were realistic and optimistic about therapy (Wong 1994:630). The study also noted that laypersons perceive mental health disorders to be treatable and consider counselling or therapy the most helpful in doing so. As was discussed in the first section on perceptions and expectations, people have set ideas about counselling before taking up therapy and expectations are important determinants of where people turn to for help and effectiveness of counselling (Furnham et al. 2001:2).

It is vital that when a therapist is working with children that a partnership (which is in the best interest of the child's needs) be formed between the therapist and parent/teacher (Soley, Hooper, Marshall & Chambliss 1999:4). Very often it is the significant adult which identifies the child and makes it possible for the child to take

part in a therapeutic intervention. Since the role of the supportive adult in a child's life, be it guardian or teacher, is therefore an essential one if there is to be a successful therapeutic intervention, the therapist needs to value it and nurture it. As Soley et al. (1999:4) points out, "[t]herapy that fails to meet the goals of parents is likely to result in premature termination".

2.4.4 Towards positive perceptions and expectations

How can we change perceptions and expectations or have an influence on them? The literature suggests that there is a common answer in every case: preparation. In the majority of the research there appears to be a high correlation between successful therapeutic interventions and thorough preparation.

According to Bonner et al. (1982:206) children who were prepared for what a therapeutic intervention entailed, before beginning therapy had significantly higher expectations about treatment outcome than children who were not prepared. In addition to this, these children had more appropriate expectations about the structure of therapy. This study provided two examples of effective ways in which to prepare children for a therapeutic intervention:

It was suggested that to avoid incorrect expectations of therapy, particular preparation techniques should be used. It was found that a preparation interview held with children before they began therapy decreased the drop out rate. Similarly it was found that showing children a video depicting what can be expected to take place in a therapeutic situation was effective in reducing children's incorrect expectations about therapy. These videotape preparations also allowed them to have realistic expectations of the therapeutic process and its structure. As a result children's expectations about the treatment outcome were improved (Bonner et al. 1982:202-206).

Not only was this form of preparation successful with the children, but also with the adults who work with children and their parents. It is necessary for these caregivers to have accurate perceptions and expectations before the children do. This is particularly important in the case of the teachers who are the catalyst who ensure that the child receives the therapeutic intervention, which is necessary. According to Bonner et al. (1982:203) these studies, which were originally based on research with

adults, found that preparation procedures corrected inappropriate expectations about treatment, improved attendance and progress, and reduced premature termination.

When preparing parents, teachers and then in simplified terms with children Vetta, Thompson, Bazile and Akbar (2004:11) suggest that therapists be prepared to provide clear statements of therapy goals, benefits, and anticipated timeframes for treatment when this can be specified, or explanations for the inability to do so.

> The ability to provide "early motivators", a sense that improvement will occur, and that problems can be resolved will encourage treatment persistence. Participants also reported a desire for a therapeutic approach that emphasises the development of a relationship. The therapeutic relationship should acknowledge and respect the client's perspective of the problem. Participants indicated concern regarding the emphasis placed on diagnosis and the use of psychological 'jargon' ... willingness to seek psychotherapy will increase as a trust develops with positive exposure to psychologists and psychotherapists (Vetta et al. 2004:11).

It is clear that parents or caregivers desire a collaborative relationship. A study conducted by, DeChillo et al. (1994) and reported on in the article by Soley, Marshall and Chambliss (1998:12) found that collaboration, which was felt to be essential to a good working relationship, would aid the therapeutic intervention. In this study 455 family members of children with emotional disorders completed a questionnaire which was used to measure components of collaboration:

They felt that it was important for joint decision making and planning to take place as this made the guardians or caregivers feel involved and part of the healing process. Those questioned felt that it was important that the feedback, which was provided by the family or caregiver (e.g. teacher) be evaluated as this information is very valuable. The families and caregivers felt that the therapist should possess a caring attitude and share appropriate information with the family as they feel they should be seen as a resource. The therapist should, however, hold the case and acknowledge the limitations of the family.

In addition to this the caregivers were given one of two questionnaires. The caregiver was asked to fill the first questionnaire out while thinking about a professional that they felt was easy to work with. The second questionnaire needed to be filled out whilst the caregiver thought of a professional who was difficult to work with.

According to Soley et al. (1998:12) the results of this study recognised key elements of collaboration:

> Families and caregivers felt they were working in a collaborative manner when a partnership that took the form of supportive relationships was established between the caregivers and the professional. Families or caregivers felt valued and involved when this partnership was taken seriously and a working relationship was formed between them. This was shown by appropriate information being shared with them and being involved in deciding whether or not therapy was successful or failing. This flexible approach was deemed necessary for collaboration to take place between parties.

"DeChillo et al. (1994) found a very strong relationship between satisfaction and collaboration. This is consistent with prior research revealing the importance of congruence between therapist and family members of the patient [or significant others such as teachers] (Soley et al. 1998:12). When working with caregivers, as has been discussed in the above quoted literature, it is important to form a good working relationship. It is important for parents to be satisfied with the treatment of their children and part of this satisfaction may involve providing services to both children and parents (Soley et al. 1999:6).

One of the major problems when it comes to this working relationship is that, although in general the goals for both parties are the same, there are differences with regard to normalization and behaviour change. A therapist may look at the case in a more holistic fashion seeing all the angles and view behaviour changes as an indication of improvement with the client. The caregiver, however, sees the problem at the time and has to deal with it on a daily basis. The caregiver therefore is often anxious for the child to 'come right' straight away, to 'fit in' and be like other 'normal' children. Consequently, when behaviour change begins a parent may think the problem is solved and terminate therapy Soley et al. (1999:6):

> This difference in perspective would be expected given the broad background of training for therapists compared to a parent who may look for the quickest way to get their child back to full mental and physical health.

Once again preparation is important as clients need to have realistic expectations about the counsellor's ability to be helpful, about the counselling environment, and about the role they are to play in the counselling process.

According to Tinsley (1994:5) psychologists report that they try to alter the unrealistic perceptions and expectations when they occur, but that this is not always easy to do. Tinsley (1994:5) notes that psychologists normally attempt to modify perceptions and expectations about the therapeutic environment indirectly. However, direct intervention is used when the psychologist encounters more complex or deep-seated perceptions and expectations. Additional research is needed to examine the possibility of a causal relation. Tinsley (1994:5) notes that direct interventions may be more powerful and therefore more useful when modifying an expectation that seems difficult to change. It may be that the specific expectations involved (i.e. client motivation, responsibility) are less amenable to modelling and other indirect procedures.

Tinsley (1994:5) points out valuably that

> [t]hese results have implications for practice and for the training of ... psychologists. Therapists and students need to be aware of the potentially negative impact that unrealistic client expectations can have on the counselling process. The importance of proactively addressing clients' unrealistic expectations, i.e., by discussing potential misperceptions during the first session or as soon as they become apparent, also needs to be understood. Some of the detrimental effects of unrealistic expectations may be alleviated by addressing such issues early in the counselling process or by providing clients with pertinent information about the process prior to the first session (e.g. through pamphlets). Clarifying these initial misperceptions may, in turn, ease the transition into the actual work of counselling.

In order for the general public and the caregivers of children who need therapeutic interventions to have perceptions and expectations, which fit with what therapists are offering we need to ensure that the myths are dispelled and that laypersons are educated. Laypersons need to be aware of the purpose, process and efficacy of psychotherapy in order that individuals are able to access and make use of psychological services appropriately (Wong 1994:625).

2.5 REFLECTIONS ON THIS CHAPTER

This chapter looked at the value of play in the child's everyday life and found that therapists working with children in a non-directive approach make use of one of their natural means of communication. It also discussed the core principles and practice which underlie the approach taken in non-directive therapy and finally the perceptions and expectations of psychotherapy. The research presented explores what the common perceptions and expectations are, how these perceptions and expectations influence people's view of therapy, and how they influence whether or not people would consider entering into a therapeutic relationship. Ultimately therapists need to put this knowledge to good use in order to influence positively those who may be entering or supporting a child entering a therapeutic relationship.

The next chapter will provide details on the paradigm, the design of the study and the methodology, which was used to gather and analyse the data for the study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

In the previous chapter a detailed description was provided on the literature related to layperson's perceptions and expectations of therapy in general and specifically (non-directive) play therapy. This literature provided a foundation and a framework for the study.

In this chapter the literature review has been used to guide the collection of new data, which will provide a more detailed account of teachers' perceptions and expectations. This chapter will discuss the paradigm from which the study was done, the design and methodology used and the methods used to collect and analyse data.

3.1 RESEARCH PARADIGM

> "A paradigm is a way of looking at the world. It is composed of certain philosophical assumptions that guide and direct thinking and action" (Mertens 2005:7).

How are paradigms defined? Mertens (2005:8) makes use of Lincoln and Guba (2000) to identify three questions that guide us in defining a paradigm: The first is the ontological question. This question asks, "What is the nature of reality?" The second is the epistemological question, which asks, "What is the nature of knowledge and the relationship between the knower and the would-be known?" The last question is the methodological question, which asks, "How can the knower go about obtaining the desired knowledge and understandings?"

The interpretive paradigm used in this study is also referred to as the phenomenological or constructivist paradigm by different authors but it represents the same set of core values. The interpretive paradigm emphasises the understanding (not the explaining) of people and the role that people play as they engage in processes of making sense of their world (Babbie & Mouton 2005:28). Working within this paradigm, I see reality as socially constructed and thus try to

understand the lived experience of the teachers who will take part in my study from their point of view (Mertens 2005). This interpretive paradigm is appropriate for my research as the aim of the study is to gain a deeper understanding of the meanings that people attach to facts, (Terre Blanche, Durrheim & Painter 2006:9) which Babbie et al. (2005:28) feel should be taken into account in any conception of social science research.

The answers to paradigm-defining questions for the interpretive/constructivist approach are as follows:

Ontological: What is the nature of reality?

As discussed above the core tenet of the constructivist/interpretive paradigm is that reality is socially constructed. Therefore there is more than one construct of reality; some constructs of reality may contradict others and may change during the research process but the knowledge is constructed or created by the active minds of people - therefore there is no one fixed reality. My goal, when working within a constructivist/ interpretive paradigm, is to attempt to understand and hold multiple social constructions of meaning and knowledge (Mertens 2005:15-16).

Epistemological: What is the nature of knowledge and the relationship between the knower and the would-be known?

It is essential when working within this paradigm that there is relationship between the 'knower' and the 'would-be known' in order for knowledge to be created. A relationship is a two way interaction where both parties influence the other. Within the constructivist/interpretive paradigm a relationship, which is personal and interactive is the favoured method when it comes to understanding the other and as a result collecting data. As the researcher I am an active participant in the research and it is essential that my values are made explicit. This ensures that the research is conducted in an ethical manner and the concept of confirmability can be applied (Mertens 2005:15-16).

Methodological: "How can the knower go about obtaining the desired knowledge and understandings?"

Since I situated this research within the interpretive/constructivist paradigm, I wanted to know what meaning people give to activities and how they associate this to their behaviour. Therefore I as the researcher took an 'interactional epistemological

stance' and made use of qualitative methods such as interviews, observations, and document reviews (open-ended questionnaires) which are predominant in this paradigm (Terre Blanche et al. 2006:7). These methods of data collection link with the interpretive/constructivist paradigm. They rely on the fact that reality is constructed by the interaction, which takes place in the relationship between the researcher, and the 'knower' or respondent and the fact that this knowledge is not fixed but constantly changes and evolves. I understood that working within this paradigm I was constructing a reality based on the interpretation of the data with the help of the valued 'knower' who initially provided the data.

My theoretical orientation was the way in which I as a researcher look at the world. This affected every decision that I made in the research process, as well as the methods that I chose. I therefore had to engage in self-reflection in order to know and understand the paradigm, as well as the underlying philosophies, so that I could be consciously influenced (Mertens 2005:7).

A deeper understanding of a paradigm, resulting from reflection, encouraged me to access my values. Paradigms are human constructions and can be impervious to human values and influence a study in every aspect (Mertens 2005:30). The interpretive/constructivist paradigm emphasises that research is a result of the values of researchers and cannot be autonomous of them (Mertens 2005).

The paradigm and underlying philosophy provide the background against which research is conducted. Since this study was grounded in the interpretive/constructivist paradigm, this paradigm shaped the research design and guided the way in which data were collected, observed and analysed:

> What is important is that researchers recognise that their findings and conclusions are embedded in paradigms, and employ research designs that are coherent. This will go a long way towards achieving the final aim of all research: persuasiveness (Terre Blanche et al. 2006:40).

3.2 RESEARCH DESIGN

A research design is a "strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research" (Terre Blanche et al. 2006:34). Therefore, the research design selected for this study guided the way in which the data are collected and analysed. The design was

planned before the research began and systematic observation was used to obtain information and then interpreted for meaning (Terre Blanche et al. 2006:34). This process ensured a firm connection between the research question and the final product.

> A research design should provide a plan that specifies how the research is going to be executed in such a way that it answers the research question. Designing a study involves multiple decisions about the way in which the data will be collected and analysed to ensure that the final report answers the initial research question (Terre Blanche et al. 2006:34-35).

In developing a research design the researcher must consider the purpose of the research; the paradigm that guides the research; the context in which the research will be conducted and the research methods which will be used to obtain and analyse the data. These considerations are all linked together to ensure a coherent research design which will ensure the study is valid and reliable.

> Once you have formulated the research problem, your next step is to select an appropriate research design. Put simply: What kind of study will you be doing? What type of study will best answer the question that you have formulated? A research design is a plan or blueprint of how you intend conducting the research (Mouton 2001:55).

The process of research consisted of a sequence of activities. This study began with a research question - what are teachers' perceptions and expectations of non-directive play therapy? I wanted to research this topic because I wanted to know what teachers' perceptions of play therapy were and as a result what they expected to come out of the process. I wanted to understand the teachers' meaning making and understanding - I wanted to know more about this topic. The aim of the research was, therefore, to gain a greater understanding of the meaning that teachers attached to their perceptions and experiences of non-directive play therapy. For that reason, a qualitative approach, which is interested in the reality which people construct in interaction with their social worlds (Merriam 2002:39), was used to conduct this research. More specifically, the design took the form of a basic interpretive study, with constructivism as the underlying theory. I used this research design because I was interested in understanding the meaning an activity has for the (participants) teachers. Individuals construct meaning as they interact with others

and the world around them (Merriam 2002:39). Phenomenology and symbolic interactionism have informed the development of interpretive qualitative research. Phenomenology states that people interpret their experiences from their own world view and interpret experiences as it has meaning for them. The aim of my research was to understand the worldview or paradigm of the (participants) teachers taking part in the study and the meaning, in the form of their perceptions and expectations, they had attached to the non-directive play therapy process and outcomes to which they had been exposed. Symbolic interactionism is also interested in the meaning people make but more specifically meaning within the larger community. The emphasis is on the construction of reality with others. The implication for research is that you put yourself in another person's position and view the world from their angle (Merriam 2002:39).

The basic interpretive design is the design through which I obtained descriptive data for the purposes of this study (Merriam 2005:6-7). I collected the data for the study by means of methods, which are congruent with a basic interpretive design: interviews, observations, and document analysis. Once the data were obtained I analysed them by identifying recurrent patterns which I felt continually appeared in the data. The recurrent patterns supported by the data constituted the findings of the study for me and others. The interpretation draws on the richly descriptive account of the findings and the literature, which guided the study (Merriam 2005:6-7). When conducting a basic interpretive study such as I did in this study, the aim was to know in what way people interpret and attach meaning to their experiences and as a result how they create their worlds. The aim of a basic interpretive study is to understand how people make sense of their experiences. It was therefore the most appropriate design for researching the meaning that teachers attach to the experiences and perceptions they have when referring children to therapists for non-directive play therapy sessions (Merriam 2002:37-38).

I gathered data in the form of observations, open-ended questionnaires, focus group interviews and an individual interview in order to gain a greater understanding of teachers and their perceptions and expectations of non-directive play therapy. This data collection (Merriam 2002:14) was guided by my research question - what are teachers' perceptions and expectations of non-directive play therapy. This guided the type of data I collected; the process and questions selected for gathering this data

and eventually provided me with answers to my research question, which was influenced by the literature review. This provided a clear indication of what data was available with regard to the object of study and where more information was needed. This is called operational zing (Mertens 2005:344-360). Therefore the chief means of data collection in this study was interaction with the teachers that had been invited to participate in the study. I gained a deeper understanding of their perceptions and expectations of non-directive play therapy as guided by the research question. As Merriam explains, "As with any form of data collection, researchers need to be cognizant of the characteristics of each strategy and how those characteristics shape the nature of the data collection".

Both Mertens (2005) and Merriam (2002) state that the literature review should guide data collection. In the beginning phase of my data collection, key concepts and ideas were taken from the literature and compiled into an open-ended questionnaire style document. A lot of blank space was left below the questions or themes taken from the literature review to allow the participants to give their own meaning to the concepts. Teachers had the option of communicating with me around the open-ended questionnaire style document. In such cases, the questionnaire was used more as an interview guide. There were three reasons for electing to begin the study with an open-ended questionnaire style document. The first being what Terre Blanche et al. (2006:56) refer to as effect of situation. This is when the researcher has too much of an effect on the situation or participant and as a result the outcome may be negatively affected. Secondly, in order to maintain confidentiality and anonymity (Mertens 2005:333) this is a method to obtain meaning from all the participants. In the event that some participants feel they would prefer not to present their views in an interview format, their untainted view is still made available for further exploration in the study. Thirdly, it can prove valuable to obtain the teachers views on the key points taken from the literature review. In the case of this research, the questionnaire helped me, the researcher, to formulate relevant and stimulating questions for the focus group, which ensured lively interaction and discussion amongst the teachers that voluntarily chose to take part in the focus-group (Mertens 2005:388-389). Only those teachers that chose to do so participated in the focus group.

Being the primary tool for data collection I conducted informal observations at the school during the time frame of the study. This fieldwork (the term fieldwork is used as interviews were conducted in addition to observation) took place in the teachers natural setting - the school. This was important as I wanted to observe naturally occurring and meaningful behaviour. As I, the researcher, am a member of the school staff I was able to engage in participant observation (Mertens 2005:382-389) while collecting data.

Once the information had been obtained from the open-ended questionnaires or guided interviews, the information was collated and analysed to provide themes which were used as discussion starters in the focus group. All teachers were invited to participate in the focus group. They were assured that the information would remain confidential in the report. However, I, the researcher, would have to have access to the information in the process of the research as I would be facilitating the focus group. This information would be used to guide an interview as well as to analyse and present the findings in the report, which would be used to assist psychologists when working in a partnership with teachers.

The focus group contained eight members, as this was the total number of teachers who took part in the focus group discussion. The themes obtained from the analysis of the open-ended questionnaire were used as a guide in the formation of the questions for the focus group. These open-ended questions were placed in context so that the teachers knew what was being asked of them. In order to assure that the participants felt free to interact and participate in amongst their homogenous group, *why questions* which could make participants feel defensive can be avoided (Mertens 2005:382-389). These focus group discussions were recorded and transcribed in addition to hardcopy handouts, which the teachers could hand in with their reflections during the interview (should they want to).

Finally the Early Childhood Director was interviewed. As a teacher herself with years of experience, she was able to provide a richly descriptive account of her perceptions and expectations of non-directive play therapy. This interview was done in the school setting and themes taken from the continuous reflection on the data done up until this stage were used to encourage interaction and building of rapport in the interview (Mertens 2005:382-389). I attempted to be sensitive to the meaning

that this participant added to the interview to ensure that I accurately interpreted her own interpretation of her construction. This interview was recorded and transcribed.

As this study was conducted using a qualitative methodology, the design used to collect data was not fixed or static as this would have restricted the exploratory and constructive nature of knowledge creation. The qualitative design of this study allowed for change during the research process, which is necessary when one works with multiple changing realities (Terre Blanche et al. 2006:35). This was demanding research as I needed to constantly reflect on the process "refine and develop the research design throughout the research process to ensure valid conclusions" (Terre Blanche et al. 2006:36-37).

In summary, "all qualitative research is interested in how meaning is constructed, how people make sense of their lives and their worlds. The primary goal of a basic qualitative study is to uncover and interpret these meanings. The inquiry is always framed by some disciplinary-based concepts, model, or theory" (Merriam 2002:39).

3.3 RESEARCH METHODOLOGY

As already indicated, the research was conducted using a qualitative methodology. Quantitative researchers collect data in the form of numbers using statistical analysis. Qualitative researchers gather data using written, spoken language, observation and documents which is then analysed according to themes. The main difference between the two types of researchers, however, is in the orientation and the fact that the findings are based on different types of information. Quantitative researchers look for categories and standardized measures through which they can generalise comparisons. Qualitative researchers look for depth of understanding and meaning in their research (Terre Blanche et al. 2006:47). My research was suited to a qualitative approach to research in that I was looking for an understanding of teachers' perceptions and expectations of non-directive play therapy:

> The key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals in interaction with their world. The world, or reality, is not fixed, single, agreed upon, or measurable phenomenon that it is assumed to be in positivist, quantitative research. Instead there are multiple constructions and interpretations of reality that are in flux and that change over time. Qualitative researchers are interested in understanding what those interpretations are at a particular point in time and in a particular

> context. Learning how individuals experience and interact with their social world, the meaning it has for them, is considered an interpretive qualitative approach (Merriam 2002:3-4).

The implication is that qualitative researchers seek to understand the perceptions of others because in qualitative research understanding is the end in itself (Merriam 2002:5-6). The aim of qualitative research as used in this study was to understand and describe that understanding. The reason for this is that as a qualitative researcher I was gathering data to build concepts (Merriam 2002:5-6). In order to do this, I used methods of collection and analysis which allowed me to remain as close to the data as I could (Babbie et al. 2005:53).

My role was to be an observer in the (participants) teachers world, interpreting and creating a representation in the natural setting (Mertens 2005:229-231). For most of the data collection process, I was the instrument recording and interacting with the (participants) teachers to obtain information. I was, therefore, intricately involved in the data collection, forming it together with the (participant) teachers.

Lincoln and Guba (2005) name qualitative methods as the method of choice when working within the constructivist/interpretive paradigm such as I did in this study. There are specific reasons, in the case of this study, why choosing the qualitative methods are more appropriate for use within an interpretive/constructivist paradigm. The researchers training is, in the case of this study, based on humanistic values and the participants and other users of the research may prefer the presentation of rich, thickly descriptive data that emerges from a qualitative study. The participants in this case being teachers would find more value in research presented in a user-friendly qualitative manner as well as colleagues who have been trained to make use of qualitative research specifically (Mertens 2005:229-231; 233-234).

The discussion in this section has given an indication of my orientation towards the study and a description of the qualitative research and methods. The next section will show how an understanding of the methodology will guide the research methods used to obtain the data in this basic interpretive qualitative study.

3.4 RESEARCH METHODS

A research design which fits a qualitative methodology attempts to find the best possible way to gather data which is rich and bursting with information (Terre Blanche et al. 2006:286). The qualitative research design in this study determined the research methods used (data collection methods and data analysis methods) to gain a deeper understanding of (participants) the teachers' experiences and perceptions. As a qualitative researcher, it was important for me to study the experiences and perceptions which teachers construct in their context or what Terre Blanche et al. (2006:287) refer to as their natural setting. In order to ensure that these phenomena were seen in context, I as the researcher needed to become part of the context without disturbing it. I had to enter the context with care and relate to the participants, in this case teachers, in an open and empathic manner as I was in a sense, a visitor wanting to interpret their construction of reality (Terre Blanche et al. 2006:287-288).

According to Merriam (2002:11) a research question begins with a person being interested in an activity. I belong to both the teaching world and the world of psychology and was interested in understanding what teachers' perceptions and expectations of non-directive therapy and the therapist's role are. The activity in question was related to me and I wanted to know more about it - understand the phenomena better. I wanted to find out more about teachers' perceptions and expectations of non-directive play therapy. I wanted to do this to find out more about teachers' thinking and understanding. I wanted to understand why teachers feel the way that they do and as a result improve my practice and make a contribution that would allow other psychologists to improve their practice.

In the previous sections, I discussed paradigms; the research design which took the form of a basic interpretive study that was used as the guide to collect and analyse data; and what it meant to do research using a qualitative methodology. The next section will be used to discuss the research methods used to sample the participants and to collect and analyse data present the findings in a manner, which was reliable and valid.

The research methods are what are used to implement the plan, or research design. In order to conduct the research there are various techniques, which a researcher

can use. In this case, the techniques are grouped into three categories. The first category is concerned with sampling, meaning the choice of the participants and why particular participants were asked to take part in the study. The second category is concerned with the methods used to collect the data in a reliable and valid way. The last category is concerned with analyzing the themes that emerged in order to reach the findings. In this next section I will discuss my reasons for selecting particular processes or methods.

3.4.1 Participants in the study

Mertens (2005:382-389) provides us with five types of participation. Two of these descriptions are relevant to this study and the data collection. There are two reasons that these two descriptions were used. Firstly, as the researcher I was a complete participant in the observation: I am a member of staff at the school and collected data. Secondly, I was also a peripheral member of the research in that I observed the teachers at close enough quarters to ascertain the groups understanding and meaning making, but did not actually participate in the activities of the main group. I am not employed by the school as a teacher and so I remained on the periphery of the group in this respect. Mertens (2005:382-389) notes that having researchers as members of the participant group is in line with current qualitative research trends where the 'insider' role of the researcher is valued.

As Merriam (2002) notes a study begins with an interest. The creation of the research methods as guided by the research paradigm, research design and research methodology aimed to turn this interest in teachers' perceptions and expectations of non-directive play therapy from a broad curiosity to a specific research question. Through the collection and interpretation of data, this research question was answered (Merriam 2002:12). My research processes were guided by literature only to some extent because the literature was unable to satisfactorily provide the research with deep understanding of what teachers' perceptions and expectations of non-directive play therapy are. As a result of exploring my particular line of interest, therefore, a great deal of new knowledge was created by the study (Terre Blanche et al. 2006:40).

When considering the selection of a sample group, Terre Blanche et al. (2006:289) explains that "[i]n thinking about sampling, we might say that it is necessary to have

enough material to begin to talk 'in general' on the basis of the specific instances we look at".

"Sampling is the selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes to observe. Exactly who or what will be sampled in a particular study is influenced by the unit of analysis" (Terre Blanche et al. 2006:49).

My sampling of participants began by thinking about what I would be researching and how I would gain a better understanding of the topic once the research had been completed. Since I was researching teachers' perceptions and expectations of non-directive play therapy, I needed participating teachers that had experience of working with psychologists and those teachers which have some knowledge of therapy/referring children for therapy. Unlike those working within a quantitative paradigm, as a qualitative researcher I made use of smaller and less randomly selected samples of participants, which are a good example of the object or phenomenon of study (Terre Blanche et al. 2006:288). The sample classification determined the participants and concomitantly the type and quality of data to be collected. This was congruent with an interpretive study, which aims to understand the meaning of the phenomenon (in this study, teachers' perceptions and expectations of non-directive play therapy) from the perspective of the participants and thus gain a deeper understanding of it (Merriam 2002:12).

I chose to make use of purposeful or theoretical sampling since it allowed me, as the researcher, to select information-rich cases in a setting where the phenomenon would occur. In this case I was able to study in-depth the teachers working at the community school at which I work, who could provide rich descriptive data about teachers' perceptions and expectations of non-directive play therapy (Terre Blanche et al. 2006:49-50).

A community pre-primary school setting where the teachers have access to a non-directive play therapist's services was selected. The teachers in this setting are well educated and most have many years of experience and are involved in the referral and take a holistic approach in working with children's difficulties. The participants in the sample group were familiar with the object of study and were able to provide a

richly descriptive account of their perceptions and expectations of non-directive play therapy.

A homogenous sample was necessary as the research aimed to describe the expectations, experiences and perceptions of a subgroup of people namely teachers who all shared similar characteristics. Although individually they varied from each other, the participants within this group were homogenous in that they are all teachers (Mertens 2005:318-319). All the participants were female and ranged in age from 20 years of age to 60 years of age. These teachers had had exposure to and experience with therapists and the process of non-directive therapy. Since I, the researcher, am employed at the school, it was possible to for a relationship to be built with the teachers, and to do prolonged observation so the object of the research could be studied in context. It also meant that I, as the researcher, needed to continually reflect on my role within the study and ensure that I was recording the participants' interpretations of their reality. Confidentiality in handling and reporting on the open-ended questionnaire was strictly observed. The teachers voluntarily took part in the focus group and interview section of the study. There was a necessary breach in confidentiality since I had to be privy to their responses, but confidentiality and anonymity has been honoured in the final product in that no identifying information is provided (Mertens 2005:333-334). Respect for the participants was particularly important in this study where I, as the researcher, was part of the population being studied. There were thirteen pre-primary school teachers from this community school involved in this study.

Once the sample had been selected it was necessary to determine the methods of data collection that would be used in order to gather data to answer the research question.

3.4.2 Collecting data in a dependable, credible and transferable manner

Data are the basic material that the researcher works with. In this study data were collected through observation, written documentation in the form of open-ended questionnaires, focus groups and an individual interview. My aim was to collect data in a manner, which was dependable, credible and therefore transferable in order for conclusions to be drawn from my final research product (Terre Blanche et al. 2006:51).

As I was working within/using? qualitative paradigm/methodology? I was the primary instrument of observation and data collection. My approach as a qualitative researcher to observation and data collection was an inductive one with no pre-determined categories. The purpose of my data collection was to record and understand teachers' perceptions and expectations of non-directive play therapy in the context in which it emerged as this would offer me a rich, detailed account of a purposeful selection of cases (Terre Blanche et al. 2006:52). This would allow me as the researcher to build an understanding of the meaning that teachers have of the process of non-directive play therapy (Terre Blanche et al. 2006:52). I ceased gathering data when I was no longer discovering new information - once the sample had become redundant (sampling redundancy). I then organised the collected data into themes. This allowed me to develop a view of the object of study - in this case, teachers' perceptions and expectations of non-directive play therapy.

This planned research collection employed the following measures to ensure that my world view as the researcher corresponded with the interpretation that I compiled, i.e. that it was credible:

a) I interacted with the research topic and participants over a prolonged period of time from beginning 2006 until December 2006;

b) I engaged in observation from the beginning of 2006 until December 2006 and kept records of this observation;

c) I conducted peer debriefing;

d) I undertook negative case analysis;

e) I used three different methods of collecting data (Mertens 2005:344-360).

This process of reflection was guided by two principles of decision-making: design validity and design coherence (Terre Blanche et al. 2006:37). Design validity was achieved by ruling out factors, which were different from the themes, which guided my research. This ensured that after considering all other contributing factors, I still considered it necessary to conduct the research (Terre Blanche et al. 2006:38). Design coherence, necessary for the study to achieve its objectives, was achieved in this study because the purpose, paradigm, context and research methods logically fitted together (Terre Blanche et al. 2006:39-41).

In collecting data I aimed to produce a valid and reliable study (Merriam 2002:22). This was ensured by having an understanding of the strategies which one makes use of to ensure this: "Qualitative research has strategies for establishing validity and reliability, strategies based on the different worldview and different questions congruent with the philosophical assumptions underlying this perspective" (Merriam 2002:25-27).

a) Internal validity - or as referred to in a qualitative study, credibility

b) Reliability - or as referred to in a qualitative study, dependability

c) External Validity - or as referred to in a qualitative study, transferability

I will now discuss the strategies, which I used to ensure that this study is credible, dependable and transferable.

a) Guba and Lincoln (2005:254-258) identify credibility "as the criterion in qualitative research that parallels internal validity in postpositivist research". Internal validity, according to Merriam (2002:25-27), is the measure of whether or not findings are congruent with reality. In this study conducted within an interpretative/constructivist paradigm, using qualitative methodology, there were multiple realities and the understanding of reality is my interpretation of the participant's reality. Merriam (2002:25-27) notes that internal validity is a strength of qualitative research in that I as the researcher being the primary instrument am one with the data. Qualitative researchers look for internal validity in a different manner from quantitative researchers and make use of a credibility test to ensure that the researcher accurately represents the social construct of the participant. I used specific strategies within qualitative research, which I used to improve the studies credibility.

I ensured that I engaged with the participants in their natural environment for a long period of time to ensure that I had a deep understanding of the participants' constructs of meaning. I engaged in thorough observation, ensuring that I did not end the process before sufficient information had been obtained. I engaged with peers in discussions on my research as this helped me to understand which of my own values I was adding to the research process. I attempted to seek out cases that did not fit with the research outcomes to ensure that I was producing a credible piece of research. In addition, I asked participants to examine the data and verify that my record of their account of their experience was an accurate one. Lastly, I used three

different methods of data collection (triangulation) in order to show consistency in my findings (Mertens 2005:254-256).

b) According to Merriam (2002:27-28) there is no validity without reality. A quantitative researcher examines a study to see if it can be repeated. If it can, it is considered reliable. Qualitative research (in this case the interpretive/ constructivist paradigm) is concerned with reflecting multiple realities. This study cannot be repeated because human behaviour is not fixed. For qualitative researchers, such as me, it is more important that the results are congruent with the collected data. I aimed at achieving dependability and consistency of data and the interpretations of the data. Reliability is inherent in the research tool and because I, as the researcher, am the primary tool in qualitative research. In addition to the strategies mentioned which ensure a study has a level of internal validity/credibility, these same strategies are used for reliability.

c) Guba and Lincoln (2005:256) name transferability as the qualitative equivalent to external validity in postpositivist research. "External validity means the degree to which you can generalize the results to other situations" (Mertens 2005:256). Generalizability is not sought within a qualitative paradigm. As a qualitative researcher, I selected a purposeful sample, such as teachers who have experience in referring and working with therapists who work non-directively. I do this to gain an in-depth understanding of a specific activity; in the case of this study what teachers' perceptions of non-directive play therapy. Although I cannot generalize this to other situations, for example therapy with adults, I can learn from specific situations, such as the one being researched in this study. This knowledge can be transferred to similar situations such as other types of therapy conducted with children when the therapist is working systemically (Merriam 2002:28-29). It is up to me as the researcher to ensure that a rich enough description for the conclusions to be transferred (Mertens 2005:256).

In order for transferability to take place this study needs to ensure that it meets the following three requirements. Firstly this study should embody dependability, which is the equivalent of reliability. Reliability usually means stability over time, but in a constructivist paradigm reality is in constant change and development. A study is dependable when change is tracked by me as the researcher and available for the public to view. Secondly this study should embody confirmabilty: I, as the researcher

had to add as little as possible of my own views to the study. Within the qualitative methodology, confirmability means that the interpretations recorded by me as the researcher are real and the process of data collection and analysis can be followed in the research. Lastly the study had to embody authenticity in which a fair description of the data was provided. In order to determine authenticity I as the research needed to present all the information available, ensure member checks were conducted with the participants and finally present the action, which is encouraged by the study (Mertens 2005:257-258).

The data were collected through open-ended questionnaires or guided interviews, observation, focus groups and an individual interview. In the next section the means used to analyse the data will be discussed.

3.4.3 Data analysis

> In qualitative research, data analysis is simultaneous with data collection. That is, one begins analysing data with the first interview, the first observation, the first document assessed in the study. Simultaneous data collection and analysis allows the researcher to make adjustments along the way, even to the point of redirecting data collection, and to 'test' emerging concepts, themes, and categories against subsequent data (Merriam 2002:17).

Since I was concerned with grounded theory, the process of data analysis was an ongoing and inductive process in this study:

> A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis and theory stand in reciprocal relationship with each other. One does not begin with theory, and then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge (Babbie et al. 2005:498).

As Mertens (2005:423-424) explains, "[g]rounded theory is in interactional method of theory building. It involves making comparisons and asking questions of the data. It is sometimes called the constant comparative method of analysis". This method was developed specifically for the purposes of "developing theory based on empirical data" (Mertens 2005:242), and was necessary in this study as there is very little

literature available on teachers' perceptions and expectations of the process of non-directive play therapy. As the researcher I interpreted the data and used it to analyse themes. In the summary of Chapter Four, this is used as the basis for theory generation in the grounded theory approach or constant comparative method. "The constant comparative method calls on the researcher to seek verification for hypotheses that emerge throughout the study" (Mertens 2005:242). Strauss and Corbin (1990) identify three steps in the grounded theory analytic process (Mertens 2005:423-424).

The first step in the constant comparative approach to data analysis is known as open coding. During this phase of data collection I placed codes on each line of my collected data. In the case of this study data were collected and analysed at the same time. The data which were analysed in this study included the open ended questionnaire, the observation record, the focus group transcripts and the interview transcripts. Once this had been completed I began to look for themes or patterns in the data.

> Open coding is the part of the analysis that pertains specifically to naming and categorizing phenomena through close examination of data. During this phase the data are broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena as reflected in the data. Thus the researcher must take apart an observation, a sentence, or a paragraph and give each discrete incident, idea, or event a name or label that stands for or represents a phenomenon" (Mertens 2005:424).

During the second step I grouped data with similar themes together and placed these themes together under an umbrella category. I ensured that I had observed and identified all possible themes as they emerged from the data. For example, when looking at teachers' perceptions and expectations of the process of non-directive therapy various themes emerged e.g. the child will be not be hurt, the child will feel able to express him or herself. These similar themes, which represent a child feeling safe with the therapist, therapy and space were categorised together under the heading of a safe space or safety. I ensured that all the bits and pieces of data, which supported or rejected such categories emerged as a result of thorough reflection and questioning of the data.

> Axial coding is the part of the analytic process in which the researcher puts the parts of the data identified and separated in open coding back together to make connections between categories. This is an important step in the coding process because this is how you bring the complexity of the context back into the picture (Mertens 2005:424)".

It is during this phase of research that a model or understanding of the topic of study is developed. In the case of this study, I used axial coding to bring the collected data together to allow me a complex understanding of what teachers' perceptions and expectations are. Asking questions on the relationship between the categories allowed for this to happen. This process made the generation of concept development possible.

The last step in the constant comparative approach to data analysis is to select one core category and relate the other categories to it. In this research, the categories identified through axial coding were related to the main category or research question: what are teachers' perceptions and expectations of non-directive play therapy? This kind of selective coding, or the process whereby "you validate the hypothesized relationships with the data available to you ..." Mertens 2005:425), is reflected in the summary section to pull the study together as a whole.

Data obtained in the study will be analysed in the above discussed manner and the data together with the findings and a discussion will be provided in Chapter Four.

3.5 POSITION OF THE RESEARCHER

As discussed in previous sections it is essential that I reflect on where I position myself.

> In general, qualitative research texts recognise the importance of researchers' reflecting on their own values, assumptions, beliefs, and biases and monitoring those as they progress through the study (perhaps through journalising or peer debriefing) to determine their impact on the study's data and interpretations (Mertens 2005:247).

Reflexivity or researcher positioning according to Merriam (2002:25-27) is the terminology used when a researcher positions him/herself within the study. Merriam (2002:20) suggests that researchers should explain their perspective and relationship to the problem. It is important for them to reveal their subjectivity since it shapes the way in which they collect data and allows them to make a contribution

through their research (Merriam 2002:5-6). Conducting a basic interpretive study, allowed me, as the primary research instrument, to form connections with participants and contribute towards the construction of the data using an interactive and inductive approach. As a qualified teacher and educational psychologist, I approached the study with a firm grounding in the realities and demands of the teaching and psychology professions, which both require the individual to work with children or families within a schooling system.

3.6 ETHICS

> Ethical issues arise out of our interaction with other people, other beings (such as animals), and the environment, especially where there is potential for, or is, a conflict of interests ... The scientist has the right to the search for truth but not at the expense of the rights of other individuals in society (Babbie et al. 2005:520).

As the researcher, I was responsible for ensuring that from the initial planning and throughout the implementation that this study was conducted in an ethical, dependable and credible way. As the researcher it was my responsibility to ensure that I conducted myself in an ethical manner when collecting and reporting on the data. As I was working within the interpretive paradigm, I was looking at people and their experiences of their reality. Therefore the central ethical issue within this qualitative research related to the participatory relationship, which I had with the teachers that had shared their experiences of the process of non-directive therapy with me. I ensured that respect was accorded to my teacher participants (Merriam 2002:30). In order to ensure this, I honoured certain guidelines, which are needed to ensure ethical research (Mertens 2005:33-35) and thus protect the teachers against any harm and ensure a dependable and credible study.

Guidelines which are recommended by the National Commission for the Protection of Human Subjects in Biomedical and Behavioural Research identify three ethical principles and six norms which according to Mertens (2005:33-35) guide ethical conduct.

As the researcher I minimised 'risk', 'harm' or any form of wrong doing. My aim in the research was to contribute positively to 'science', and 'humanity', particularly the teachers who participated in this research process. 'Beneficence' was my goal

throughout the process. Secondly, I ensured that I treated all those with whom I worked with 'respect' and I ensured that the process was just and did not exploit the teachers who participated (Mertens 2005:33-35).

The above guidelines are supported by six norms, which guided my research process and thereby ensured a valid and reliable study.

a) My research design was dependable, credible and trustworthy as I ensured that I have followed the correct procedures and processes

b) I was competent to play the role of the person conducting the research

c) From the beginning of the process I was aware of what the negative consequences could be for participants. I therefore ensured that I followed the correct research protocol. I obtained permission from the Early Childhood Director of Education at this private community school to conduct the research (see Addenda A). I also ensured that confidentiality would be maintained. This ensured the maximum benefit of obtaining teachers' perceptions and expectations and ensuring that there was the lowest risk for the teachers involved.

d) I ensured that only those teachers who were willing to take part in the study and agreed without pressure from me or anyone else shared their perceptions and expectations of the process of non-directive therapy. The consent, which I obtained from the teachers was given only after I had given an accurate and honest account of what the research entailed and its purpose.

e) I ensured that the correct population was sampled. In the case of this research, I was looking for insight into what teachers' perceptions and expectations of the process of non-directive play therapy are. I elected to sample, firstly, teachers (who had agreed to take part in this study) and, secondly, those teachers who had experience of therapists who work non-directively with children - such as these teachers' have (Mertens 2005:33-35).

These overarching guidelines and norms were there to protect the teachers who agreed to take part in this research. According to Babbie et al. (2005), qualitative research expects that I as the researcher working within this paradigm would ensure that the research was conducted from beginning to end in an ethical manner. I took every step to ensure ethical conduct throughout the planning and conduct of the

study. I was scrupulous in making sure that all involved in this study agreed to participate willingly, were not deceived in any way, and were given a full understanding of the research to be conducted. I honoured my commitment not to harm the teachers who were involved in this study and I maintained the confidentiality and anonymity which I promised the teachers when obtaining data and throughout the analysis and reporting of the study. I will maintain the same ethics in publishing: I will appropriately ascribe authorship to the publication; I will not be guilty of any form of plagiarism; and I will not submit a manuscript simultaneously to publishers (Babbie et al. 2005).

3.7 REFLECTION

> "Questions of meaning, understanding, and process are inappropriate for qualitative research" (Merriam 2002:19).

This chapter has set the study within a basic interpretive paradigm, which was used as a bridge to link the research questions and the implementation of the research. The data were collected making use of qualitative methodology and guided the choice of data collection and analysis methods.

In the following chapter, I will discuss the themes, which have evolved out of the collected data and summarise these themes in the findings section.

CHAPTER FOUR

DISCUSSION OF FINDINGS

In the previous chapter we looked at the planning of the study and the methods used to conduct the study. In this chapter, I shall discuss the data. This discussion will allow the reader to gain a deeper understanding of the meaning which teachers' attach to their understanding/perceptions and expectations of non-directive play therapy and its value when being used with children. In the final part of the chapter, the findings of the study will be presented.

It is important to note that the chapter should be read in close conjunction with the record of the researcher's observations, completed open-ended questionnaires, and the transcriptions of the focus group interviews and the individual interview are provided in addenda A to H.

4.1 DISCUSSION OF FINDINGS

4.1.1 Value of play

What is the value of play in a child's everyday life?

The teachers' perception was that play was of vital importance for children and appeared to classify the value of play in the following areas: learning, development, understanding the world and relationships, means of communication and a way in which children have fun.

The role of play is the vital ingredient in early childhood learning. A central expectation, which the teachers involved in this study identified, was that children LEARN through play and use this time to develop. Play is believed to be fundamental to education. One teacher described it as "... the most powerful vehicle children have for trying and mastering skills, concepts and experiences" (questionnaire). Other comments confirmed this expectation: "Children learn through play in all areas ... I think learning through play is the best way." (line 57: focus group); "... just revisit the fact of how important play is because so much importance is placed on numeracy/literacy these days but everyone forgets that play is so

important. Children don't really learn by sitting in ring learning about counting they actually learn by doing it." (lines 152-156: focus groups); Play allows a child to "take charge of the environment and learn how everything works around him and so play is actually the medium of learning so it is incredibly valuable. Everything that children do they learn through play." (lines 3-6: interview).

This is in line with the constructivist view that creation of knowledge and through this understanding is achieved when children play and make sense of the world for themselves:

> One of the major tenets of constructivist views of learning is that in order to learn new information, learners must be actively involved in the learning process. They must actively construct meaning for themselves, rather than merely passively accepting the information delivered from outside. Constructivists stress that we cannot make people learn because learners must construct new meanings for themselves (Poplin 1988).

The teachers also perceived that not only do children learn through play but this learning leads to development and these teachers expect that through play "children develop as a whole integrating social, physical, emotional, and cognitive and language development". The act of playing allows children to develop as a whole (questionnaire). Ray, Armstrong, Warren & Richard (2005) present a similar view:

> Developmentally, play bridges the gap between concrete experience and abstract thought. Play offers children the opportunity to organise their real-life experiences that are often complicated and abstract in nature. Children gain a sense of control through play and also learn coping skills.

Another value teachers perceived play as having is that while developing during play children are also learning how everything works through by playing and **doing.** This allows them to take charge of the environment, learn about the world and relationships and imitate an adult world and deal with anxieties and fears, to put observations and expectations in place and interact with the world around them: "Play facilitates the development of skills, play teaches children to share with one another and learn the value and meaning of sharing." (Focus group); Teachers make use of play "to teach/learn constants - to [enable children] to learn about the world and relationships so [play] has to all be on how to get on in the world ..." (lines 185-

187: interview). As Brems (2002:249) notes, play is not as simple as it appears to adults and very often children use play to master their environment.

As a form of mastering their environment "play enhances a child's ability to express her or himself" (questionnaire), it provides children with a "medium of communication and allows children to develop their socialisation skills" (questionnaire). Axline (1947:16) describes play as the most "natural medium for self expression", a way in which children are able to communicate and a method, which adults can use when they want to communicate with children. Play is a medium of communication, which needs no words. Play is person-centred and toys are used to facilitate growth and enable the child to enact important life situations (O'Conner 2000).

Lastly not only is play expected to facilitate learning, development, an understanding of how the world works and a means of communication but it allows children to feel free and "derive great enjoyment from play. Play is a time during which children are allowed to be themselves and not be influenced by adult expectations or ideas." (questionnaire).

4.1.2 Child acts out: The problem is seen and disappears or is reduced

Teachers' understanding of children's difficulties influences how they understand the process of therapy in helping children to heal. It seemed to me that a perception of 'child acts out, therapist identifies problem and it goes away or is reduced' runs through the data. The data, which support this theme give an indication of teachers' perceptions and expectations of what happens in therapy, what teachers perceive the therapist can do or should do and what they expect to happen to the problem. Teachers have a perception that therapists are able to observe a child acting out or showing the salient behaviour, and as a result expect that the therapist is able to 'see what the problem is' and this problem then goes away or is reduced.

In a therapeutic situation the teachers perceive toys to be used as a medium of expression and as an object through which (questionnaire) "problems can be divulged". According to the teachers in this study, toys which are "relevant to the problem" and which will allow the child to "act out the problem" are available for the child to use in the room. Teachers expect these toys to encourage "a child to demonstrate emotions such as anger, frustration or anxiety". A child is then able to play while the therapist observes how they handle the materials. Teachers perceive

play therapy to be an intervention which is useful in assisting a child with their frustrations, anxieties, difficulties in coping and when a child seems to have "lost/lack a sense of self". This type of intervention is perceived to be non-threatening, safe and adequate in assisting the "child deal with their emotions" which are expressed through play and not through words. The teachers then expect that the therapist will make deductions about the "child's frustrations gauge his or her mood, level of confidence and be empathic in their interactions with the child. This will then encourage trust and allow the child to open up" (questionnaire). Non-directive play therapy is perceived to be a method, which allows the child to "play in a self-directed manner with no restrictions". Children are able to use their "imagination in their play and to work at their own pace". This is a "child-centred activity" and the "child is allowed to lead, free to talk, be themselves and enact the problem".

A non-directive play therapy approach is not so much about the use of toys to in some way draw the information or the problem out of a child and get them to 'show you what is wrong'. It is rather about the relationship and the space, which allows the child to express him/herself, use the toys as a medium of communication or as a way of fulfilling their needs (e.g. feeding themselves with a baby bottle for nurturing):

> The central tenet of Rogerian Psychotherapy...is that individuals have within themselves a basic drive towards health and better functioning, and that they possess the ability to solve their problems satisfactorily if offered the opportunity and the right climate in which to do so. Given this drive and inherent ability, Rogers saw the therapist's role as being the creation of the right conditions in which this 'self-actualisation' can take place (Wilson et al. 1992:22).

Teachers expect that a therapist's role is to observe and note the child's play. The understanding is that a professional observes the child during play and thereby "gains necessary info so as to understand why the child acts/reacts in certain inappropriate ways". According to one teacher, "teachers know that something is wrong but they don't quite know how to work with it and they are hoping that play therapy will solve some of those difficulties." It is then perceived that through observation or analysis of play the therapist will be able to arrive at a solution to the difficulties, which the child is dealing with. The "therapist follows the child and does not intrude on their play - non-directive means no intrusion". It is perceived that when

the therapist plays with the child they have a "certain aim or intention and use the free play activity to encourage the child" (lines 30-33: interview).

A non-directive approach to therapy is one, which focuses on acceptance of the individual and a faith or belief that each individual given the space and accepting relationship will work towards self-actualisation. Whilst the play is free, the therapist does not have an agenda and allows the child to lead knowing that he/she is the expert on his/her own life. Rather than solutions we are looking for a better fit for the child between themselves and their world:

> Non-directive therapy grants the individual the permissiveness to be himself; it accepts that self completely, without evaluation or pressure to change; it recognises and clarifies the expressed emotionalised attitudes by reflection of what the client expressed; and, by the very process of non-directive therapy, it offers the individual the opportunity to be himself, to learn to know himself, to chart his own course openly and aboveboard - to rotate the kaleidoscope, so to speak, so that he may form a more satisfactory design for living (Axline 1989:14).

Teachers expect that a therapist will better understand a child on an emotional level as therapists should tap into and work with children. As one teacher noted, "the benefit would be to get to the bottom of the problem because I think very often just by asking questions you don't really, and obviously it takes a very skilled person to read the play and read where the problem lies" (lines 53-57: focus group). One teachers perception is that "(teachers) perceptions are that there is a problem the child goes into a therapy room and he works out his problem and the problem is gone" (lines 8-19: interview). Another teacher expected that in therapy through "play and role play correct behaviour should be acquired". It was yet another teacher's expectation that "the child should be helped to express his emotions in a less angry, emotional manner and the therapist/therapy should aid the child to make better choices and take more responsibility". It was also expected that the "child is assisted with issues and improved coping without the child realising it - on a more comfy level for the child".

A non-directive approach to child therapy is not to "get to the bottom of things" or erase difficult behaviour and replace it with behaviour, which is socially acceptable but rather to form a relationship, which allows the child to heal him or herself. "Briefly expressed, the approach involves a special one-to-one relationship, where the

therapist creates a safe and trusting climate in which the individual is free, if he chooses to do so, to express and explore some of his feelings. These may be communicated either directly or indirectly through behaviour and play. The task of the therapist is to listen, understand and respond to these communications in such a way as to help the individual towards a greater awareness of feelings, which when expressed and experienced in an accepting relationship lose much of their negative power" (Wilson et al. 1992).

4.1.3 Safe space

Teachers perceive non-directive play therapy to mean that there was both "a child and a therapist working together in a safe environment or space" (questionnaire). Expectations of the therapist and therapy were that this should be a "safe, loving space created for the child where they can express, release and clarify difficult emotions or situations". "I think to aid the process you need to make sure that the child feels relaxed. I think that the first step would be to get the child to feel totally relaxed in the play environment before even starting the play therapy." (lines 69-74: focus group).

The idea of a safe space is one, which is utilised in non-directive play therapy. This creates the optimum environment for the child to improve their functioning. Virginia Axline "believed in a child's ability to solve their own problems in an environment where the relationship with the therapist was both secure and safe. She used Roger's techniques of reflective listening based on the counselling principles of empathy, warms, acceptance and genuineness" (Geldard et al. 2002:34). This safe space therefore is the first step in the therapeutic process.

In this safe space the teachers expect that "children [would be] able to express themselves in a supportive environment where there is no interference or judgement by adults". "I would think that the benefit of non-directive play would be to create a safe space for the child to be in and maybe once the trust has been established to give the child the space just to vent and to express any kind of emotion to feel safe enough to express themselves and by expressing themselves to release that negativity or just to vent and create a space for more positive things to come in." (lines 47-53: focus group).

According to Axline (1989:72) most children enter therapy because a part of them is being rejected. It is essential that a therapist be accepting of the whole child: "The therapist accepts the child exactly as s/he is (Axline 1989:82)." This would allow the child to expose and then integrate all aspects of him/herself, which is essential for successful therapy. Schoeman and Van der Merwe (1996:22) also emphasize the importance of acceptance, arguing that before the child can really accept the therapist, he first needs to feel accepted him/herself.

The teachers who participated in this study also perceive that the therapeutic space is seen as a holding place for the child in the school setting. As one teacher expressed, she understands therapy is "not a quick fix". "... there are lots of children on the campus that are in play therapy but because their life is so difficult it is actually helping to maintain and contain them. I don't expect them to radically change but what it does is make you as a teacher feel more secure that the child is being held I think that would be the ideal. So I would know that we as teachers we can get on with what we need to do (the teaching) teaching the child and providing learning through play and that they were being contained in terms of their emotional needs and their psychological needs - they have a safe space so school isn't necessarily a safe space for them to deal with their fears and anxieties they can be contained in the safe place. I think that is what my expectations would be." (lines 35-46: Individual interview).

O'Conner (2000:128) suggests that a relationship is the extension of the safe space such as the one created within the context of play therapy. This relationship is different to any relationship which the child knows in that the therapist is '100%' attentive to the child's needs during the session. Wilson et al. (1992:27) emphasise that by following the child's lead the therapist allows the child to access understanding of his own emotions. According to Axline (1989:120-121) children often play in a manner, which may not be therapeutic for sections of the session as they build up courage to express themselves. Although the therapist may feel anxious to approach certain topics it is important to separate the therapist's needs from the needs of the child. Growth is gradual and as discussed earlier only meaningful when it comes from the child.

The teachers' expectations are then that by holding and working with children in a safe space the therapist "gains insight into the child's inner being and allows the

therapist to find solutions". Teachers perceive that a therapist can observe a child during a play therapy session without directing or instruction a child. In this way the therapist can learn about a child's interaction in a totally unobtrusive way. Within this space teachers expect that a "child will be able to express him or herself while feeling safe, secure and supported to do so". The teachers expected that a child will be confident and secure enough in the relationship with the therapist in order to be able to expose his/her true feelings as well as inner conflicts.

This creation of a safe space will provide the child with the freedom to explore his/her own thoughts and feelings. However, it is more important that the child gain insight into his/her own behaviour and less important that the therapist comes to solutions for the child. "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible" (Axline 1989:72). The therapist is meeting the child where the child is in their play - the therapist is congruent and relates to the child in a non-judgemental manner offering a positive respect, which is not conditional on what the child does or does not do.

4.1.4 Training

Training is perceived to be valuable: "... any type of extra education any type of learning as teachers can only enrich ourselves as educators and just make us more aware of cognitive mind and be vigilant because we as teachers are not therapists, we are not OT's, we are not psychologists, but we can certainly be vigilant to a problem and be more aware and then refer." (lines 174-179: focus group).

The general perception in the answers received in the questionnaires was that people generally do not understand the process or purpose of (non-directive) therapy. They included teachers and parents in this category and felt that not enough information or training was made available about therapy. The teachers felt that more knowledge would allow them to manage situations better and give them a better understanding of their role, the benefits for the child and what would be realistic to expect. All the teachers thought that they would benefit from having more information about therapy now as they never received this type of input during their training. They felt that had they had this training they would be in a better position to know what to do when problems arise: "... maybe as a teacher one would learn different strategies of how to handle certain types of behaviour in the classroom or

how to help the child with certain types of behaviour when it does manifests and I think the more practical experience that you see and hear the better able you are as a teacher to help the child and give them the right tools to help themselves." (lines 137-142: focus group). Therefore their expectations are that it is essential that this knowledge to be imparted to teachers early in their training: "I do I think it would be very valuable for teacher training because when I was trained as a teacher we never had any input or knowledge given of this type and I think if the teachers knew then they would know what to do when a problem presents itself." (lines 130 -135: focus group).

Not only do teachers want more information but they would like to 'unpack' therapy and understand it better. By 'unpacking' the therapeutic process teachers would also know what they were referring a child to: "... you come into a classroom you are responsible for those children and you don't actually know exactly what you are referring them to and you need to have more basic knowledge otherwise I think by the time you are already teaching it is, not too late, but it is disappointing that you are now finding it out when there are a whole bunch of children who have actually missed out because of it." (lines 182 -190). The teachers expect that if they could understand certain types of difficulties and how they pertain to the classroom as well as how they as teachers manage (signs to identify) and refer they would be better teachers. They also felt they would then have more realistic expectations of the process. They were excited at the thought of being able to ask questions. Teachers had lots of questions and felt that they would like an opportunity to meet with a therapist that worked in this way to ask questions about what they learnt out of their interactions during this research. What they felt would be useful was if they could have a meeting with a therapist/psychologist where they could ask questions like: What signs should they look out for in children who would indicate that they should be referred for non-directive play therapy? What goes on in a session? How do you begin working? What do you do with children who have limited verbal skills? And lastly the teachers wondered if they could watch a session or have a demonstration.

Teachers felt that it was essential that such knowledge be part of their teacher training and specifically wanted to know more about non-directed play therapy as they said they "liked the sound of it". The teachers suggested that reading be provided by the psychologist at the school, that workshops be held and that

guidance be received from the psychologist at the school in general and in specific about what teachers need to do to assist the process/follow up.

It is evident that teachers need support and input around non-directive play therapy and the ethical practices that psychologists need to follow which would make a demonstration impossible but a video session with the client and families permission possible. It is clear that therapists and teachers need to have more contact and work with each other in order that children and families can benefit.

Lastly it appears as if teachers all agree that this kind of knowledge needs to be included in their training. One teacher explains, "Teachers starting out in their careers as teachers should definitely have to attend sessions in development in order to know what can be offered to a distressed child. Clarification would be needed to be made as to what the problems would need to be for a child to need play therapy. Teachers must be educated in this area. Many teachers feel they are therapists themselves."

Therapists and students need to be aware of the potentially negative impact that unrealistic client expectations can have on the counselling process. The importance of proactively addressing clients' unrealistic expectations, i.e., by discussing potential misperceptions during the first session or as soon as they become apparent, also needs to be understood. Some of the detrimental effects of unrealistic expectations may be alleviated by addressing such issues early in the counselling process or by providing clients with pertinent information about the process prior to the first session (e.g. through pamphlets). Clarifying these initial misperceptions may, in turn, ease the transition into the actual work of counselling" (Tinsley 1994:5).

In order for the general public and the caregivers of children who need therapeutic interventions to have perceptions and expectations, which are congruent with what therapists are offering we need to ensure that the myths are dispelled and laypersons are educated. Laypersons need to be aware of the purpose, process and efficacy of psychotherapy in order that individuals are able to access and make use of psychological services appropriately (Wong 1994:625).

4.1.5 Therapy doesn't work

Teachers provided some explanations as to why they say "therapy doesn't work." Teachers perceive that just like any other situation certain people get on better than others: "I think just like some teachers and some children don't get along or there is a slight clash the same happens with therapists" (lines 189-192: focus group). According to teachers, therapist may also be inflexible: "for therapy to work they need to adjust their behaviour according to the child ... Basically they need to look at the child as an individual which sometimes doesn't happen and that is why therapy doesn't work." (lines 192-197: focus group). Teachers also felt that the age of the child needed to be considered as a factor which negatively influences therapy as well as the timing: "... we have got to be a little bit patient and the therapist comes in at the right time to actually benefit then I think that the therapy will benefit so we have just go to be cautious on when the therapist comes into the picture." (lines 201-205: focus group).

According to Tinsley (1994), therapists need to gain a greater understanding of how the detrimental effect of unrealistic expectations occurs. He suggests that unrealistic expectations interfere with the process of communication between client and counsellor. These unrealistic expectations could negatively affect therapy, leading to premature termination, as well as decrease the motivation of the client to work in counselling or they may lessen the influence of the psychologist (Tinsley 1994:5).

In addition to the above mentioned reasons for 'therapy not working', the teachers that took part in the study perceive that the approach or orientation of the therapy may be incorrect or a more holistic view is needed: "I think the type of therapy that is offered might not be the kind that the child needs maybe he needs to be observed in a group where the issues arise rather than be seen as an individual in a situation. I think in my experience that is often the case that the children are wonderful individually and they have no one to bother them but the minute they are in a group in the class that's when the issues really arise. That is where the therapist maybe needs to work." (lines 240-246: focus group). Teachers may feel that there is no improvement but possibly we need to look at the problem in a holistic manner: "In terms of seeing the benefits they may say oh but nothing has changed if there is not quick changes but it also has to be holistically so you can't just work with play

therapy you have to look at a lot of other measures as well and put those in place" (lines 47-52: interview).

One teacher looked at the 'not working' theme from another angle and thought that not working could be attributed to perceptions and uncertainty rather than therapy not actually working: "I am not sure what they mean by it doesn't work - I have a good feeling is that what they thought was happening on this campus with play therapy and it didn't work for them because a lot of teachers wanted it to be fixed instantly. Because they feel out of control when the child isn't better and then they take a lot of the child's behaviour or difficulties onto themselves so I think a lot of the (not working) is that. Which is irrational but that is how human beings are. They also felt that there was a lack of sharing, they felt that they didn't have control over what was happening and they didn't understand the long process it wasn't explained properly to them." (lines 92-125: interview). In addition to this the teacher felt that "sometimes the cases are so complicated and there is trauma after trauma and dysfunction on top of dysfunction and so I don't know how teachers can say 'didn't work' it is a crazy thing 'didn't work'. I would never say didn't work - I would say that the child is not moving on fast enough sometimes I also think that there can be a problem that the therapist is holding the child and there isn't progress and it is very important that parents are told that at certain points if a child isn't moving on - you can't go for year after year without any progress people say that play therapy is long term we/I (teachers) understand that but you have to have measurable goals so I would always want to explain to parents that you want to see progress somewhere with whatever and the child also needs to be respected in terms of how long they need to be in this process and how it is impacting on them because you can't ever underestimate what they perceive in terms of why they are having this and that also has to be spoken about. So I have concerns around play therapy I don't think we use enough of it." (lines 109-125: interview).

According to Bonner et al. (1982:203), preparation procedures corrected inappropriate expectations about treatment, improved attendance and progress, and reduced premature termination. When preparing parents, teachers and in simplified terms, children, Vetta, Thompson, Bazile and Akbar (2004:11) suggest that therapists be prepared to provide clear statements of therapy goals, benefits, and

anticipated timeframes for treatment when this can be specified, or explanations for the inability to do so.

One teacher summed up what she perceives teachers perceptions and expectations to be with this sentence, "Teachers don't really think about any of this except they just want the child FIXED." (interview)

Teachers noted that some people perceive that "therapy is a waste of time and money and that many people attach a stigma or sense of trepidation to therapy". There is a feeling that "there must be something really wrong if you need therapy." Teachers' expectations are that some teachers and parents think that "children can do what they like", "that therapy with young children is just about playing and what is the point", "they [children] can do that [play] anywhere - a waste of time/Airy Fairy!". Teachers felt that some people believe therapy to be costly and too readily suggested.

Teachers are curious and want to know more about the process of therapy and what the ultimate benefits are to the children who are involved in therapy. There were those teachers who doubted the benefit of play therapy and related this to lack of knowledge and negative past experiences.

(Bonner 1982:202) contends that expectations and specifically inappropriate role expectations or misunderstandings about treatment cause a major problem when it comes to the treatment of children accounting for dropouts at child psychiatric and guidance clinics:

> Additional studies in child psychotherapy have pointed to the importance of both children's and parent's role expectations to the treatment process. This research followed studies with adults, which suggested that a major reason for clients terminating treatment was that their expectations of therapy were discrepant from the therapeutic process.

4.1.6 Therapy is valuable

The teachers who took part in the study perceive therapy to be a positive type of intervention and one, which provides a "positive personal opportunity for a child to be guided to express his difficulties". The teachers report that they see the benefits in

non-directive therapy with young children and are involved and happy to support the process.

What do the children get out of play therapy sessions?

The teachers, which participated in the study, expect there to be lots of benefits for children who take part in play therapy sessions. They felt that a child developed a stronger sense of self and that therapy helped them to form a stronger identity. The teachers noted that they observed children becoming more confident during and after the therapeutic process having developed coping mechanisms and problem solving skills. Teachers noted that children in a therapeutic relationship appeared to develop a deeper understanding of their difficulties. According to the teachers, these children developed an understanding of why they feel the way that they do and that it was normal or all right to do so. The teachers perceived children as having grown and learnt a lot during their sessions. The teachers said they could see this because they noticed that these children were able to deal with issues and talk about/express what was worrying them, there appeared to be improved interactions with their peer group and the children appeared happier and better adjusted.

These teachers' observations indicate the value of the kind of non-directive therapy which originates from the work of Carl Rogers. According to Thompson and Rudolph (1992:82), Person-Centred Counselling was referred to as *nondirective* therapy because the therapist's focus was to listen to, and encourage his client. Carl Rogers believed that if a warm and safe atmosphere was created by the therapist a person would feel safe enough to share and face his/her problems. In sharing his/her problems with a non-judgemental therapist a person would be able to express him/herself and thereby gaining a better understanding of his/her thoughts, feelings and emotions, adjusting their behaviour accordingly.

In addition to this teachers' expectations are that once the case was being managed by the therapist both the child and the parents began to take more responsibility for change. Teachers felt that the "clarity, acceptance, respect and unconditional love" which the children experienced in this therapeutic relationship allowed the child a space to be him or herself. One teacher described this therapeutic relationship as a trusting and safe one, which provides the child with "... a lovely feeling of being

special with someone who cares for them. Children love one on one sessions and having undivided attention. A relief of pressure."

This is largely due to the (Geldard et al. 2002:34) Rogerian principle of counselling. In this approach the relationship between counsellor and client is said to be the healing factor. Therapists working within a person-centred model believe that people have worth and dignity and all people have the right to be respected. It is believed that if people are given the opportunity they will find the right path for themselves as when empowered to do so they can choose their own values and act in a responsible manner. All people given the opportunity and the support of an accepting relationship will be able to deal with their own feelings, thoughts and behaviours - as a result of this all people have the potential to change and grow (Thompson et al. 1992:82).

Some teachers felt that "therapy and therapists were an integral part of the education system" and that therapy was "beneficial and necessary". These teachers perceive therapy to be necessary and that there was a place for this type of support in the pre-schools and when working with young children. The teachers felt that different people had had different experiences with therapy and therapists and as a result of this some thought therapy was more effective than others. In essence, what they were saying is that people draw their perceptions and expectations from past experiences or the experiences of those that they value.

These expectations, which a person holds about psychotherapy, play a large role. Wong (1994:630). To begin with a client has an expectation about what a therapist is and what therapy actually entails. This image of therapy which the person holds in her/his mind may be very different to the reality and this may put them off continuing treatment. For this reason, it is important that the person understands what to expect and what is expected of them from the beginning. Not only can incorrect expectations affect them continuing with therapy but it may negatively affect their decision to seek therapy again in the future. Lastly if the person remains in the therapeutic relationship the expectations which they have, either about therapy or the therapist, will influence the benefits of that therapy (Thiessen 1995:9).

4.1.7 Which problems need therapy?

Teachers said that very often they know that there is something wrong but they are not sure exactly what it is, how to manage it and what to say to the parents. The teachers involved in the study gave a full and extensive description of what is a problem, which would necessitate therapeutic intervention. Their expectations are that before therapy was suggested for a young child the parents should be worked with to see whether the problem could be tackled on that level. Therapy should only be suggested if the problem had continued unresolved for long periods of time and the support offered has been unsuccessful. The teachers came up with a great many reasons for referral. The reasons seemed to fall within three areas: social, emotional and cognitive. Therefore, it seems that the perception is that the child can be assisted and further developed by non-directive therapy specifically in these areas.

The list follows as such (quoted from the original questionnaire see question 5 in the questionnaire in Addendum E):

- A child who is too quiet. This child may be depressed
- Emotional problems
- Difficulties in self-expression
- Behavioural problems: oppositional, fighting
- Difficulties with social interactions. The child has difficulty connecting with peers.
- Excessively happy
- Confused
- Angry
- Learning difficulties which are associated with low self-esteem
- Loss (when a child has difficulty in dealing with the loss)
- Moving houses
- New sibling
- Anti-social behaviour
- Language problems

- Fears, phobias, anxieties e.g. a child is 'panicky' and carries on and on about a problem.
- Trauma
- Divorce
- Death
- Parents need assistants/home difficulties
- Aggression
- Attention seeking behaviour
- Suicidal thoughts
- Conflict resolution
- Self-esteem issues
- Sibling rivalry
- Overeager to please
- Separation anxiety/school refusal
- Family problems
- Very frustrated and taking this frustration out on other children
- If a child has confided in a teacher but the teacher is concerned about the information that she has received.

It appears as though teachers have covered a broad area of concern, which they feel would necessitate therapeutic intervention. This is a full and extensive list, which appears to indicate that teachers are aware of the emotional needs of children and that emotional support in the form of therapy may be a way of helping.

A significant adult in the child's life normally refers children for therapy. There can be any number of reasons for therapy to be recommended: Social problems such as violence or abuse; Familial problems such as divorce of parents, death of a parent or sibling rivalry; School problems such as learning difficulties and a low self-esteem, problems with peers or teachers. Play therapy can assist when there is a problem in the child's life which they seem unable to solve or work through on their own and this problem then begins to impact on them negatively.

In the same way that play is used in children's daily lives for development the play therapist makes use of the child's natural medium of expression to build a relationship with the child, allow the child to communicate and allow him/herself to heal him/herself in the process. According to Brems (2002:252), we can divide the purpose of play in child therapy into three sub-purposes. The first purpose fulfils a relationship function in that the therapist establishes a special and trusting relationship with the child. Secondly, play fulfils a disclosure function, which facilitates diagnosis and assessment. The therapist allows full expression of all feelings and allows the child to act out material as well as fears that they may unconsciously have. There is no limit on expression and they can express forbidden affects, needs or conflicts or reconstruct experiences. The third purpose which play ensures in therapy is healing. Play provides a playground for intervention. It provides the child with a direction and a means to deal with their defences, resolve resistances, relieve tension and facilitate catharsis. Play gives the child a way to correct for themselves emotional experiences, learn coping skills and to experiment with new behaviours (Brems 2002:252).

4.1.8 The value of a relationship: communication vs. confidentiality

Communication begins with the relationship with the teacher. After analysing the data it became clear that teachers had a great need to have a better working relationship with the therapist who is working with the children and families in their classes. The literature explored in Chapter Two of this study shows that laypersons, in this case the teachers, seem optimistic about therapy and feel that it has value. A strong emphasis, however, is placed on the fact that when a therapist is working with children it is essential that a partnership (which is in the best interest of the child's needs) is formed between the therapist and parent/teacher. According to Soley, Hooper, Marshall and Chambliss (1999:4), this is essential to the success of therapy when working with children. Very often it is the significant adult who identifies the child and makes it possible for the child to take part in a therapeutic intervention. The supportive adults in a child's life, guardians and teachers, play an essential role. The therapist needs to value this and form a partnership with them if there is to be a successful therapeutic intervention. The teachers in this study offered some insight into what they can offer therapists in this essential partnership and what their needs as teachers are.

Teachers' expectations are that they could provide the therapist with useful observations of the child whilst in their company and in the company of others which if shared with the therapist could be very useful to the therapists work with the child and family: "I think that teachers could do quite extensive observation in the classroom to see where the child is playing and what is happening with the child and then pass this information on to the therapist. Through observation it should be quite evident to see if the child is showing some definite problems." (lines 64-70: focus group). Teachers work with the child on a daily basis so they thought that they represent a safe trusting figure, especially for young children. They felt that they would be able to use this safe relationship which they have with the child to encourage the child to trust the therapist and the process: "I think it really helps if the teacher has said to the child that this someone that I trust so that the child is aware that they are not just going with someone that they don't know but it is someone that the teacher trusts. Because they trust their teacher and the parent they are more willing to open up and to have 'fun' in the room which ultimately helps the therapist." (lines 94-101: focus group). Being a trusted adult the teachers thought that they could play a role in making the process work well: The "teacher knows the kid so you will know whether to make a fuss about it or whether to ask him about it e.g. how was yesterday with whoever and with which children not to do that. I think the teacher can potentially make the process very nice for the child or spoil it if she treats the situation in the wrong way." (lines 78-83: focus group).

It appears that teachers are willing to help and aid the process with whatever information or support that they can provide.

In the relationship between the teacher and the therapist, there is also a need for the therapist to guide the teacher to understand the process of non-directive therapy and what help, feedback and support of the child is appropriate and inappropriate. The teachers felt that they needed to liaise with the therapist in order to have a better understanding of what the issues are: "I think just to liaise with the teacher to liaise with the therapist to find out what the issues are - some of the issues are - just to be aware of it and to deal with the child accordingly" (lines 73-78: focus group). In addition to being able to liaise with the therapist they also want to be involved in the whole process: "the teacher must be very involved with the whole process and know the necessary information about it ... That way the teacher can go to the therapist

and ask her for some info as to how to deal with the issues that the child has." (lines 76-79). Teachers feel that if they have an understanding of the issues and more knowledge then they are better equipped to assist the process: "I think for me personally what would be very useful is if the therapist could maybe supply a list of reading materials that the teacher can go on her own time and read to find out more about OCD or whatever because I think there is so much that the teacher can do and I think very often teachers just think that the therapist is going to fix the problem and they don't want to do anything from their side - and I think there is a lot that teachers can do." (lines 106-120: focus group: 5th speaker).

By having an improved understanding a teacher can modify how she interacts, relates to or disciplines a child: "what are the issues that the child is experiencing and how [do they] manifests and so maybe when the kid presents with whatever x behaviour that you can deal with it in a particular way and maybe also have an understanding as to where it is coming from that could be useful as well also for the teacher to then maybe develop more compassion for the kid." (lines 106 -120: focus group). On the part of the teachers, there is a great need to understand and be involved and offer support to the child and family that they have a relationship with; "I think you need to see whether you have gleaned as a teacher in the class correlates to what the therapist has actually picked up and working backwards and forwards you can maybe eventually not arrive at a solution but the process will be aided in how to help the child in the best way" (lines 101-107: focus group: 3rd speaker).

Teachers want a two way working partnership with therapists. The teacher who shared her thoughts in the individual interview felt that therapists working with teachers need to ensure that teachers are not left alone with the problem: "They need to be communicated with and not to be left alone with whatever the issues are." (lines 66-70: interview). They need to get feedback from therapists; they need help in identifying triggers and understanding the child's behaviour so that they feel empowered and competent to work with the child in their classroom. The therapist can offer this by providing support in terms of classroom management and guidance in handling the child. It appears as though the support and input with regard to management of the child is something teachers need during the time in which the therapist is working with the child. The lack of communication and interaction with teachers could therefore be leaving a big gap and feeling of neglect in the teachers

of the children with whom therapists work. Lastly teachers should be acknowledged and recognised for the work that they doing to feel ok with what they are doing (lines 64-69: interview):

> From the observations it appears as though there is very limited time in which the therapist and the teacher connect. It was the researchers observation that if there was a missing relationship or connection the teacher and therapist seemed to lack understanding of each other, the teacher felt excluded and out of the process as well as feeling as though their role was not important. The therapist too appeared to be isolated. It is important that teachers are made to feel included in the process, recognised for their contribution and feel acknowledged (Researcher's observations).

What is being discussed here is that parents or caregivers desire a collaborative relationship. A study conducted by, DeChillo et al. (1994) and reported on in the article by Soley, Marshall and Chambliss (1998:12) found that collaboration, which was felt to be essential to a good working relationship, would aid the therapeutic intervention. In this study 455 family members of children with emotional disorders completed a questionnaire which was used to measure components of collaboration: According to Soley et al. (1998:12) the results of this study recognised key elements of collaboration. Families and caregivers felt they were working in a collaborative manner when a partnership that took the form of a supportive relationship was established between the caregivers and the professional. Families or caregivers felt valued and involved when this partnership was taken seriously and a working relationship was formed between them. This was shown by appropriate information being shared with them and being involved in deciding whether or not therapy was successful or failing. This flexible approach was deemed necessary for collaboration to take place between parties.

What are the effects that a good working relationship has on the topic of communication vs. confidentiality?

From the observation done during this study it appears as though there is very limited time in which the therapist and the teacher connect. There seemed to be a missing relationship or connection the teacher and therapist seemed to lack understanding of each other, the teacher felt excluded and "out of the process" as well as feeling as though their role was not important. The therapist also appeared to

be isolated. It is important that teachers are made to feel included in the process, recognised for their contribution and feel acknowledged. What they really need from the therapist is COMMUNICATION.

Teachers and children need to be communicated with and prepared for what a therapeutic intervention entails. It is necessary for these caregivers to have accurate perceptions and expectations of therapy and therapists before the children do, as the caregiver (e.g. teacher) is the catalyst in ensuring that the child receives the therapeutic intervention, which is necessary. According to Bonner et al. (1982:202-206), these preparation procedures correct inappropriate expectations about treatment, improve attendance and progress, and reduce premature termination.

There is an understanding on the teachers' part that not all the details can be provided, but they feel that good communication between the teacher and the therapist which facilitates support is essential (line 58). The teachers felt that they (line 61) should know how to facilitate/help a child if he or she is upset or does something that the teacher would not normally know how to handle; they should not be left to manage the situation alone (line 68). Ultimately a teacher's goal (line 63) is to make a child independent but the therapist needs to support and supply them with information. The teachers also need acknowledgement and recognition for their work so that they can feel good about their role in the process - respected and valued.

What is being discussed here is that parents or caregivers desire a collaborative relationship. A study conducted by, DeChillo et al. (1994) and reported on in the article by Soley, Marshall and Chambliss (1998:12) found that collaboration, which was felt to be essential to a good working relationship, would aid the therapeutic intervention.

One of the teachers (line 75) felt that knowledge is there to be shared and a sharing of this knowledge would be good. She also feels, however, that it was important that only as much information as people can absorb should be given. Teachers should not be overwhelmed with information but rather given 'little bits of insight' (line 79). Teachers are looking for an understanding of what a therapist does and this is important otherwise it is a "hoorie goorie" thing (lines 81-84), something that happens behind closed doors - a myth. The teachers understood that there are professional codes (line 58) but felt these should not be used as a barrier. Therapy

should be 'unpacked' (line 85) as it is all about human behaviour, healing and curing and different ways of doing it. "I would give teachers that want information, the information in a way that they are able to digest it - and this will enable them to work with children in a better way." "It is not really our knowledge to hold - it is knowledge to share and deal with."

In order to understand the process, teachers' expectations are that they need a sharing of knowledge to take place and to have a better understand of what it is that therapists do. When a teacher responds that therapy does not work it is related to a teachers experience of not seeing play therapy work instantly. When this happens teachers feel out of control. When the child isn't getting better teachers take a lot of the child's behaviour or difficulties onto themselves (lines 93-94). The concept of 'not working' is irrational (line 97). This comment is linked to a lack of sharing between teacher and therapist - not understanding each other's role (lines 101-102). The understanding is that a teacher has a feeling of being out of control with the child, not knowing what is happening in what appears to be a long process. In addition to this long process teachers feel that it has not been explained properly leaving them feeling insecure (lines 99-102). The teacher who shared this information therefore felt that to say therapy is "not working" was a "crazy thing to say!" (line 113).

When preparing parents, teachers and then, in simplified terms, children Vetta, Thompson, Bazile and Akbar (2004:11) suggest that therapists be prepared to provide clear statements of therapy goals, benefits, and anticipated timeframes for treatment when this can be specified, or explanations for the inability to do so:

> The ability to provide "early motivators", a sense that improvement will occur, and that problems can be resolved will encourage treatment persistence. Participants also reported a desire for a therapeutic approach that emphasises the development of a relationship. The therapeutic relationship should acknowledge and respect the client's perspective of the problem. Participants indicated concern regarding the emphasis placed on diagnosis and the use of psychological 'jargon' ... willingness to seek psychotherapy will increase as a trust develops with positive exposure to psychologists and psychotherapists" (Vetta et al. 2004:11).

Teachers' expectations are that confusion can be avoided if the therapist provided measurable goals (line 119) and feedback on the child's progress - a child cannot be held for long periods of time without any progress (line 115). Even though it may be

slow, progress must be observed as we also have to respect the child in this process - how long is it going to take and how is it impacting on them? How are they perceiving being in therapy? (line 120-123) Team work is very powerful and teachers feel that this is the approach which should be taken (lines 137-139).

In order to network and create the opportunity for teachers and therapists to understand each other better the teachers suggested that they invite play therapists to come and talk to them. This would provide an opportunity for therapists to talk about their experiences, success stories and challenges (line 143). The teachers would also like to discuss the differences between play and play therapy and encourage teachers to explore play far more as a means of developing children in the classroom. The teachers feel that it is important that teachers and parents understand the process (line 180) as they feel that very often they don't. The teachers also have concerns about parents not being included in the process and very young children being told that what they do will not be discussed with their parents. Teachers feel that children of this age are too young to be taught about privacy - it is too dangerous at this point (line 174).

Soley, Marshall and Chambliss (1998:12) underline the importance of joint decision making and planning as this makes the guardians or caregivers feel involved and part of the healing process. Those questioned felt that it was important that the feedback which was provided by the family or caregiver (e.g. teacher) be evaluated as this information is very valuable. The families and caregivers felt that the therapist should possess a caring attitude and share appropriate information with the family as they should be seen as a resource. The therapist should, however, hold the case and acknowledge the limitations of the family.

Families and caregivers felt they were working in a collaborative manner when a partnership that took the form of a supportive relationship was established between the caregivers and the professional. Families or caregivers felt valued and involved when this partnership was taken seriously and a working relationship was formed between them. This was shown by appropriate information being shared with them and being involved in deciding whether or not therapy was successful or failing. This flexible approach was deemed necessary for collaboration to take place between parties.

DeChillo et al. (1994) found "a very strong relationship between satisfaction and collaboration". This is consistent with prior research revealing the importance of congruence between therapist and family members of the patient [or significant others such as teachers] (Soley et al. 1998:12). It is important to form a good working relationship. It is also important for parents to be satisfied with the treatment of their children and part of this satisfaction may involve providing services to both children and parents (Soley et al. 1999:6).

The research provided many insights and gave a good understanding of why teachers may seem to consider that therapy is not useful as well as how these miscommunications can be rectified. By improving communication and understanding of the other, particularly their individual role, teachers and therapist can work closely together and allow the process and benefits of non-directive therapy to assist the child and family.

In order for the general public and the caregivers of children who need therapeutic interventions to have perceptions and expectations, which are in line with what therapists are really offering, we need to ensure that the myths are dispelled and laypersons are educated. Laypersons need to be aware of the purpose, process and efficacy of psychotherapy so that individuals are able to access and make appropriate use of psychological services (Wong 1994:625).

4.1.9 Expected changes after therapy

Teachers' expectations are that "a child's problems will be highlighted in play therapy and the child would deal with traumas". Teachers expect that "children will show [therapists] what is wrong" and as a result they hope that the child will "feel relieved and happier in himself' as well as "clearer about his own feelings or ability to master difficulty". It is expected that therapy will assist a child in "healing, growth, development, maturity, strengthening self-esteem and confidence in self".

Teachers were expansive in their answers to this question in the questionnaire and provided a lot of insight into what is important to them with regards to the therapeutic process. They touched on how children should feel, what they must get out of the sessions, what they would like to see in their own interactions with the children once they are in a therapeutic relationship, and what they would like to get in terms of support for them. Teachers expect that children will improve their skills. For example,

they expect/hope that children will develop skills in managing conflicts and strengthen their coping skills. "... given tools for managing themselves, more whole and less fragmented." They expect/hope that the children will develop socially and emotionally thereby finding it easier to behave in a socially acceptable way and conform to the norm of the group. "The child will be able to expose his fears to the therapist. The therapist will help the child behave in a more acceptable way in society. The child understands her or his own behaviour and can conform to the norm of behaviour in his or her group." They expect/hope that the child will then develop a deeper understanding of what is going on in their lives and develop insight into their behaviour.

The teachers listed a few things that they would hope/expect to see or experience when interacting with the children. They expect the child to be more positive and contained. "One would expect to see a more positive child emerge, perhaps less emotional and better able to focus and to cope with day to day challenges - this does not always happen." They expect that the child will be more confident, less anxious and able to communicate with ease as well as applying themselves in the classroom. "For the child to feel happier and less anxious. I don't feel it can go away immediately but over a matter of time. That the child will apply himself in class with more confidence and diligence. The child then becomes more open and honest, both to the teacher and peers. Parents are happier and more communicative." The teachers also appear to want significant changes as well as hoping or expecting to see very few negative effects or signs from children during the therapeutic process: "Their experience [expectations] are that the child then begins to feel better by having played out or acted out or dealt with some of the fears or anxieties that they have or misunderstandings so that when they come back from the play therapy they are able to feel better and more competent in their life, they are able to feel better in their play, they are able to use what happened in the room and generalise it to what happens in the classroom or in everyday life or outside in the playground." (lines 23-31: interview). So that is what their expectations would be - that [problem] would be solved.

Teachers' expectations of the changes that children will experience during and after non-directive sessions centre on the child being more focused. It is the teachers' hope that the "child will be able to deal with difficulties in a positive way, develop

understanding of his difficulties, behave appropriately and deal with difficult circumstances". The teachers emphasized that they would like to "see the problem area being rectified", and one teacher stated that "teachers expect the child to be more manageable after sessions ... cope better in the classroom".

The data collected reveals that there is a desire for the child involved in the therapeutic process to feel more secure and happy with a deeper understanding of themselves. However, in addition to this most of the teachers' expectations of the non-directive therapeutic process are largely centred on three things. Firstly, the problem will be 'fixed'; secondly the child's behaviour will improve and lastly for "the problem" will not influence the child's interactions with the children in their classroom or teacher in a negative way. "I am not sure if that is all teachers' expectation - I think they would want it fixed" (lines 46-47: interview).

Are these realistic expectations? In the same way that play is used in children's daily lives for development the play, therapists make use of the child's natural medium of expression to build a relationship with the child, allow the child to communicate and heal themselves in the process.

What are some of the outcomes which teachers can hope will be achieved with children who are in a non-directive therapeutic relationship? Landreth (in Newmark 2005) gives the key points of what children learn in play therapy: Play therapy encourages and eventually allows children to develop respect for themselves. They begin to value themselves and their space in the world. This sense of empowerment allows children to Identify and own their feelings. Children become more centred and are able to exhibit more self-control and assume responsibility for themselves. This new-found confidence allows them to be creative and resourceful in confronting problems. They are able to determine their direction in life and ultimately become responsible for their choices because they accept themselves.

4.1.10 Teachers' perceptions of the principles of non-directive therapy

There are many angles when looking at perceptions. If perceptions are the models, which people create for themselves to understand how the world works, then these are the working models which the teachers have created in order to understand non-directive therapy. I have obtained an understanding of what the teachers perceptions are of what happens in the non-directive play therapy sessions the question remains

what their perceptions of the theory/principles, which guide non-directive therapists in conducting non-directive sessions are.

The 8 guiding principles of non-directive play therapy as developed by Axline (1947) were presented to the teachers in the open-ended questionnaire and they were asked to comment in order so their perceptions of the basic elements of non-directive therapy are would be reflected.

The first principle looks at the **relationship**: "The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible" (Axline 1989:72).

The teachers all agreed with this principle and felt that it was essential. "This is the basis of any work with young children. The relationship is critical it needs to be one of trust and openness." The teachers suggested that the child should see the therapist as a friend but that this development of a relationship is not a process which can be rushed. The teachers were concerned, however, about the balance between freedom and boundaries and wondered how the therapist found the balance.

From the first moment that the therapist meets the child the therapist beings to develop rapport with the child. The first meeting is one where the child will be unfamiliar with the therapist, playroom or non-directive play therapy approach. Therefore the therapist needs to be consciously aware of the child's reaction, comments and behaviour. This can guide a therapist and they can then adjust their behaviour accordingly and also reflect on and respond to the child's cues so that he/she experiences being heard and understood. This initial meeting is the therapist's first opportunity to convey to the child that he/she is accepted and respected.

The therapist conveys acceptance and respect through their body language, tone of voice and acknowledgement of the child's reaction without passing judgement. Geldard et al. (2002:34) emphasise that the therapist should join with the client by creating a 'warm, emphatic counselling relationship' meaning that the therapists response offers empathy to the child. The therapist is meeting the child where he/she is at play - the therapist is congruent and relates to the child in a non-

judgemental manner offering a positive respect which is not conditional on what the child does or does not do.

The second principle looks at **acceptance**, the acceptance of the child as he is: "The therapist accepts the child exactly as s/he is" (Axline 1989:82).

The teachers felt that this total acceptance would encourage freedom in the child and the safety for the child to show his unique and authentic self. One teacher said that "it is not about trying to change the child but rather their behaviour or attitude towards the situation".

As discussed in chapter two Axline (1989:72) notes that most children enter therapy because a part of them is being rejected. Therefore a therapist must be accepting of the whole child. The child will then be able to expose and then integrate all aspects of themselves. This allows for successful therapy. Schoeman and Van der Merwe (1996:22) underline how important this aspect of acceptance is in stating that before the child can really accept the therapist, he/she should first feel accepted him/herself.

As discussed in chapter two a therapist shows acceptance in her/his attitude. By being consistent, open and honest as well as providing neither praise nor reprimand a therapist conveys acceptance. As noted by Wilson et al. (1992:24) acceptance means giving the client freedom to make choices and decisions. Once these choices have been made, they need to be respected by the therapist. This does not mean that the therapist takes on a passive role in the therapy process but is rather an active participant who sets the tone and facilitates the client's development. This sense of respect for others is essential and will be felt by the child.

The third principle looks at **permissiveness**: "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely" (Axline 1989:87).

This principle seemed to unsettle the teachers and whilst some felt that it was needed most teachers felt uncomfortable with the idea of 'too much permissiveness': "Permissiveness has in my mind, a negative connotation, so no she or he should not feel permissive. I imagine that the child should be allowed to express him or herself but boundaries should be in place, more of a democratic/trusting mutually respectful relationship. I don't think a child will feel safe if the therapist is permissive - has to

feel secure with boundaries." The teachers felt that children needed boundaries and that a non-threatening environment and relationship rather than a permissive one would encourage total freedom to express.

The therapist allows the child to use the room exactly as he chooses this is rare and exhilarating experience for a child. This concept of permissiveness is verbally expressed at the beginning of the session and a clear instruction will be given to assure the child. An instruction such as - you may play in this room for 50 minutes and in that time you may do as you wish (Axline 1989:200). Verbal expression, however, is not enough; this permissiveness needs to be believed by the therapist and the child needs to feel this permissiveness in the therapist's attitude, facial expression, tone of voice and actions. The example given in chapter two explains that the therapist should remain calm during the child's play, messy or otherwise as they have told the child to use the room as they choose. The therapist should feel calm and this should show in a gentle facial expression and tone of voice as this reassures the child. The action that the therapist takes in response to the mess should show that the therapist is really comfortable with allowing the child freedom in the room. This, according to Axline (1989:88), shows the child that you mean what you say.

It is to be expected that children will question and test this experience of permissiveness. This is not an experience that they are familiar with in a relationship with an adult. Using the example of messy play, the therapist should not clean up should a child spill or mess. In addition to this a therapist should not direct a child's play by forcing the use of specific toys or asking a child probing questions. Repeated consistent experiences of a therapists doing what they say they will gradually builds a child's confidence in the therapist (Axline 1989:88).

The fourth principle is the **reflection of feeling**: "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into her/his behaviour" (Axline 1989:93).

The teachers felt that this should not be judgmental and this principle should help the child gain insight: "An amazing way to alert the child to his own feelings - so that the feelings of confusion are stated and he can understand how and why he is reacting in certain ways". Teachers thought that once a child felt heard and acknowledged

they would develop insight into their behaviour as to the how and why. Teachers felt that observation was the best technique for identifying emotions and therapists should not forget the value of non-verbal cues. Finally, one of the teachers felt that instead of giving reflections the child should be guided with questions to recognise his/her own feelings.

As contended in chapter two by O'Conner and Ammen (1997:133) it is very common for children to lack understanding of emotions thereby having difficulty recognising emotion in themselves and the other. In addition they may lack the vocabulary necessary to express these emotions. Axline (1989:97) emphasizes that when a therapist is identifying, understanding and reflecting on a child's emotions, the therapist should follow the child thereby (Wilson et al. 1992:23) mirroring feeling and affect. It is very important that the therapist use the child's language and symbols. Axline (1989:97) suggests that a therapist track, which requires the therapist to comment on the child's process, rather than limit his/her their interpretations by linking current material with past experience to establish insight. Tracking or reflecting shows the child that the therapist is interested in his/her play, thoughts and feelings. It also allows the child to become conscious of his/her own process and interactions with the therapist (O'Conner 2000:33).

In practice the therapist responds to what the child is saying or doing. The therapist does this as she/he is trying to take the focus away from the content and rather respond to the deeper content of what is being communicated. Not only can this process of reflection help the child to a greater awareness of what s/he is feeling, but it can also communicate to the child that the therapist has an understanding of what he/she is feeling. This may help the child to feel less isolated or alone in what he/she is experiencing thereby making further exploration of these feelings possible (Wilson et al. 1992:25).

The fifth principle is **respecting that the child is responsible for change**: "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's (Axline 1989:101).

Once again teachers were divided in their opinions. Some perceived this to be great in that children are able to take control in their own lives and have a sense of power

which builds self-esteem: "Yes, very often people know what is best for themselves and must be given a space to reach their own solutions rather than to be told what the answer is." However, others thought that this was too much pressure to be placed on a child: "I believe that one should allow the child to give their input into the problem solving. However, it is unfair to lay the full responsibility of choices and changes at the child's feet. It should be a mixture of both of them."

Lasting change needs to come from within the individual as a result of the insight that s/he has achieved. A therapist working within a non-directive approach places the choice of change on the child. No pressure or demands are placed on the child by the therapist. The play room and the permissive relationship between therapist and child allow for gradual opportunities to risk change. The child gradually feels safe enough, within the space as well as the relationship, to risk change. In the process the child gains confidence boosting his/her self-esteem (Axline 1989:101).

The sixth principle is that the therapy / approach must be **non-directive**: "The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows" (Axline 1989:113).

The teachers understood this to mean that the child's own words were being used. "I agree with this. Only then do we truly know that it all really comes from the child." The teachers' understanding is that the therapist would not interrupt and that there was a purpose to all the child's choices either toys or subject matter. The teachers were curious as to how this is done in therapy: "I would like to observe this - a one way mirror or video recording."

The exert from Dibs (Axline 1964:191) as discussed in chapter two, emphasises how powerfully a child may experience non-directive play therapy sessions where he is allowed to lead the process:

> "Dibs leaned towards me. His eyes were shining. 'Everything I did, you did,' he whispered. 'Everything I said, you said.' 'So that's the way it was!' I said.
>
> 'Yes. "This is your room, Dibs," you said to me. "This is all for you" (Axline, VM 1964:191).

In what way does a therapist ensure that s/he allows the child to lead the way? According to Axline (1989:113 -114), he/she avoids using probing questions as this

puts the child in a corner and limits their interaction with the therapist. He/she also feels that it is important to not directly praise or disapprove of the child as the therapist must not direct the play in any way. This may happen if the child is playing for approval or avoiding areas of play for fear of disapproval. In assisting to create a safe space and trusting relationship with the child it is important that he/she feels he can ask for help, this request should be granted.

The therapist also ensures that he/she is not leading the therapy by not making suggestions and ensuring that the room can be used by the child without the child feeling that he/she cannot touch or mess - the room needs to be totally at the child's disposal. The therapist should not influence the play by introducing topics or trying to lead the play in a direction which s/he feels it should take. The therapist should not influence the child's play in any way (Axline 1989:113-114).

The therapist is aware that if s/he does in anyway interfere in the process by directing the therapy (when the child has already begun to experience their own competence in leading) this inconsistency will break down the child's confidence and lead to confusion.

The seventh principle is that this is a **gradual process**: "The therapist does not attempt to hurry the therapy along. It is a gradual process, recognised as such by the therapist" (Axline 1989:119).

The teachers agreed that they perceive therapy to be a long process and understood that if it is rushed this is stressful for the child: "As long as a child is showing progress and coping with the issues that afford him developing holistically there should be no rush." However, they also expressed concerns about the length of the process. The teachers felt that there should be constraints and worried about the financial implications for parents:

O'Conner (2000:128) suggests that a relationship such as the one created within the context of play therapy is one that children seldom experience. This relationship is different to any relationship which the child knows in that the therapist is '100%' attentive to the child's needs during the session. Children seldom experience such patience in their day to day lives. As they come to understand that the 50 minutes is their time to use as they choose and that they will not be rushed they become calm and are able to relax.

Wilson et al. (1992:27) emphasise that by following the child's lead the therapist allows the child to access understanding of his own emotions. Children will do this in their own time and trying to force or prompt such expression of emotions will only make the child withdraw. According to Axline (1989:120-121), children often play in a manner which may not be therapeutic for sections of the session as they build up courage to express themselves. Although the therapist may be anxious to broach certain topics, it is important to remember that growth is gradual and only meaningful when it comes from the child.

The eighth principle is that there are **limitations** in non-directive therapy: "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of her/his responsibility in the relationship (Axline 1989:122)."

All the teachers agreed with this principle but wanted to know more about this. They also wondered how this was done therapeutically: "There are certain behaviours that are not acceptable and the therapist has to make sure the child is aware of these. Depending on the therapist then they will establish what the child's role is."

In understanding limitations in therapy better Schoeman et al. (1996:15) quote a statement made by Moustakas (1953:15) which states that "Without limits there would be no therapy." The setting of limits is essential to the success of non-directive play therapy.

The setting of limits according to Schoeman et al. (1996:15) has many advantages as it plays a role in linking therapy to a child's everyday life and thereby ensuring that the therapist and child maintain contact with reality which grounds the therapy. This facilitates transfer of newly developed understanding and skills. The setting of limits in the session provides structure and boundaries in the therapeutic relationship which encourages the child to build up their self-control making him aware of his responsibilities. As a result of these limits in the session security is created out of the predictability of limits; safe and free play is then encouraged. Ultimately limits assist the therapist in maintaining an accepting relationship with the child and ensuring the child's safety.

Axline (1989:122-126) emphasises that although the limits are few in non-directive therapy they are of vital importance. Schoeman et al. (1996:17) reiterates this and

states that it is not always necessary to go into all the limitations at the beginning of therapy. The author suggests that the obvious ones which may cause disappointment, such as time limits or not removing toys, need to be conveyed at the beginning of the session. Limitations which pertain to the safety of the child, therapist or room can be used when required. According to Axline (1989:126) children are familiar with limitations and if keep to the minimum and only used when necessary it appears not to damage the therapy in any way. Examples of limits are time limits, limits on use of material, limits on hurting self and others, limits on the room (Axline 1989:126).

To sum up, it seems that principles which are similarly required in being a good teacher such as relationship and acceptance are perceived to be very useful. The principles which challenge control, structure and discipline such as the principle of permissiveness and responsibility for change are areas that teachers feel uncomfortable with and may not see the benefit of for children. The principle of limitations was perceived to be useful according to the teachers. Those principles which provide what may be perceived as too much freedom such as gradual process, non-directive and reflection of feeling are met with mixed responses. Some of the teachers perceive this to be beneficial whilst other teachers suggest more 'structured' alternatives. There seems to be a mixed perception of the principles - some (the safer ones) are perceived to be useful, whilst some (the principles different to what teachers use) are perceived to be less useful, confusing or worrying.

4.1.11 Family involvement

Teachers are concerned about a family's level of involvement in non-directive therapy as they feel the bond, which exists between a child and a parent is one of absolute connection. Teachers agree that parents need to have input in developing skills that will enable them to interact and assist their children so that these skills can be transferred to the home environment: "... parents need to go for parent guidance they don't have much of an idea of how to um ... institute boundaries and limits and then the child suffers as a result" (lines 227-230: focus group). It was suggested that whilst children are receiving support and input so too should parents: "It is when there is family dysfunction that I would like to see family therapy and I would like to see the parents in the playroom playing with the child so that they can learn to play

together. I think if the parents were taught some of those skills then this would be ... far reaching as opposed to once a week dropping the child off. He does some whatever it is there comes back and move on so who is learning and how are you actually taking what happens there in the playroom and transferring it and transforming the child. So I think the most powerful one is when you can work with the parents, working with the teachers and if everyone is working together and you bring the child in and you look at what the issues are because everything can be worked through" (lines 128-140: interview).

Teachers perceive that the parents' difficulties could be usefully identified when working with them separately from the child. They felt that sometimes it is the parents that have the difficulties and the children are just expressing them and that becomes dangerous when a child is seen as solely responsibility for change: "I personally think that if a child is going to play therapy the parents should also go. I do think that it is a triangle and the therapist can do nothing if the parents aren't also on board. So I think usually when the therapy really isn't working it might just be uninvolved parents (4th speaker). Ja I agree ... um ... I think what is problematic is 'problematising' the child, you know, and not bringing the parents into the process and or holding the parents accountable - and that I think is maybe the negative side of it" (lines 215-224: focus group). They also felt that parents and families need to form part of the link and therefore the solution: "I think it is the triangle that is important. It's the parent, teacher and therapist. Very often the parent is left out of the loop and I think it is absolutely vital for the process to be complete is to have that triangle working because the behaviour at home is often different to what happens in the classroom and again different from what happens in the therapy room. So to aid the process we need to be in the loop the three sections together very closely knit for the benefit of the learner" (lines 86-94: focus group). In addition, there should be an open and interactive relationship with parents: "I think that there should be a really open relationship with the parents and knowing what the child is up to at home and parents asking teachers for help" (lines 83-86: focus group).

It seems that the teachers expectations are that there is little hope for implementing change if the parents are not on board. When working with children it is vital to collaborate with other supportive adults in their lives. As children are not able to separate themselves from these their guardians it is essential that they are part of

the process and that development and growth takes place on their level also. This is corroborated by DeChillo et al. (1994), who found a very strong relationship between satisfaction and collaboration and is consistent with research revealing the importance of congruence between therapist and family members of the patient (Soley et al. 1998:12). It is important to note too achieving a sense satisfaction may involve providing services to both children and parents (Soley et al. 1999:6).

According to the teachers who participated in the study, it is essential that the child be looked at as part of a system and not made to feel like he/she is the problem.

4.1.12 Referral

It appears as though all the teachers who participated in the study had perceptions and expectations, which were positive enough to allow them to make a referral for non-directive play therapy.

Teachers' perceptions are "positive about therapy" and they "expect it to be beneficial" and would therefore refer children for such support as they expect it to "help" and "benefit the child". It did appear however that they were cautious in making referrals. They wanted support for the referral from either the principals or from the play therapist so the child and family would be referred for therapy on their combined assessment of the case: "If and when I notice a child with a possible problem, I would discuss it with my principal and then in turn call on a therapist to first observe and then if need be go into therapy."

Therapists must realise from the beginning of their work with a client that expectations about therapy play a large role in the success of therapy. Ones perceptions about therapy affect whether one seeks therapy, stays in therapy, and/or benefits from therapy. Knowing about your clients expectations can help you as a practitioner provide a more therapeutic situation for your clients. Therefore hopefully the end result is that clients perceive therapy to be more successful (Thiessen 1995:14).

Teachers felt that referral for non-directive play therapy would be seen as the final approach to the problem, when the problem is seen as "really serious". To begin with a client has an expectation about what a therapist is and what therapy actually entails. This image of therapy which the person holds in his/her mind may be very different from the reality and this may put them off continuing treatment. For this

reason, it is important that the person understand what to expect and what is expected of them from the beginning. Not only can incorrect expectations affect them continuing with therapy but it may negatively affect their decision to seek therapy again in the future. Lastly, if the person remains in the therapeutic relationship the expectations which they have, either about therapy or the therapist, will influence the benefits of that therapy (Thiessen 1995:9).

Although once the referral has been made, they felt that the non-directive method was the best one to use when working with children. The reason for this is that the content of the session came only from the child and "that the child would not be coerced to say things that were not true". Before a referral is made for therapy some teachers felt that "skills can be modelled and taught in the classroom" and that the "... right teacher and classroom environment can also aid a child with a problem without him or her attending therapy". In addition to this, teachers had concerns about whether or not a therapist was effective: "I think I have always been afraid of referring to a therapist (working at the school) because you get caught in the relationship and how do you judge whether it is good or not - you don't really know if this is the right thing" (lines 165-169: interview). Lastly teachers "sometimes felt sceptical of referral due to the high cost involved but that in some cases it was beneficial for the child" and the right course of action to follow.

To sum up, expectations which a person holds about psychotherapy and the credibility of therapists affect whether or not a layperson will begin and then continue a course of therapy Wong (1994:630). Other factors such as the cost of treatment also influence such decisions. Nevertheless, Furnham, Pereira and Rawles (2001) found that people expect and perceive therapy to be useful.

4.2 SUMMARY

In summary this chapter looked at the major themes, which emerged from the collected data. The themes include the value of play; child acts out - the problem is seen - disappears or is resolved; safe space; training; therapy doesn't work; therapy is valuable; Where do problems come from? Which problems can be assisted with therapy?; The value of a relationship: communication vs. confidentiality; How will the child be after therapy? Expected changes; Teachers' views on principles of non-directive therapy; Safe principles vs. challenging principles; Family involvement and

Referral. Citing the comments of the teachers and using the literature reviewed in Chapter Two to corroborate the teachers' perceptions and expectations has provided greater understanding how teachers' perceptions and expectations of the process, practice and outcomes of non-directive play therapy. A summary of the findings will be given in Chapter Five, where these themes are used to answer the research question: what are teachers' perceptions and expectations of the non-directive therapy process?

4.3 REFLECTION

This chapter presented a discussion of the data, which were collected and analysed in the way recounted in Chapter Three. The themes that emerged from the data were discussed in the categories into which they had been grouped. This detailed discussion provides an account of the findings, which were drawn from the analysed data. In the following and final chapter the conclusion of the findings will be discussed and used to answer the research question, what are teachers' perceptions and expectations of the process of non-directive therapy. I will summarise the process of answering this question and the answers I obtained. There will also be a discussion of the limitations of the study, and further research possibilities. Finally, I offer my personal reflections on the study.

CHAPTER FIVE

CONCLUSION

In Chapter Four I examined the themes, which evolved from the data. These themes were discussed and brought together as a cohesive whole and the findings of the study were presented and discussed. This chapter will serve to summarise all the information and draw the study to a close.

Chapter Five presents the conclusions of the study, its limitations, possibilities for further research and my personal reflections on the process of conducting and reporting on this study.

5.1 CONCLUSIONS

What are the perceptions and expectations of the teachers in this study of the process of non-directive play therapy? It is necessary to start at the beginning of the process of non-directive play therapy, i.e. identification of those needing to be referred, to examine what teachers' perceptions and expectations of the process are from the very beginning.

To begin with it appears as if teachers are not always sure of what the problem is; they see the behaviour and know that something is wrong. The teachers in the study provided a long list of difficulties, which they considered would warrant sessions of non-directive play therapy. For them, the problems fall within the areas of family (e.g. violence in the home), school (e.g. learning problems and the resultant low self esteem), peer associations (e.g. bullying or being a bully with aggressive behaviour), and self (e.g. angry, sad, insecure). The next process in the route to play therapy is the decision on the type of therapy necessary. Teachers seem to feel confident about the value of play, probably because this is a medium which teachers who work with young children are familiar with. The concept and value of play are clear; teachers seem to have no doubt about the effectiveness of play to enable the child to learn and heal. Teachers appear confident that they would refer children for non-directive play therapy as a last resort. They are not absolutely confident about making referrals on their own and want the assistance of the principal or a therapist.

They also seemed concerned about the lack of family involvement and the transfer of skills.

What are the teachers' perceptions and expectations about what will happen when the child enters the play therapy process? It appears as though teachers are hoping for positive changes. Teachers expect to see the problem rectified, and that the child will feel relieved and happier. The ultimate hope is that the child who feels happier as a result of having learnt more socially appropriate behaviour will become easier to manage and will communicate better. One would have to ask whether these expectations are realistic considering the principles behind non-directive play therapy.

What are teacher perceptions of the principles of non-directive play therapy? Teachers perceive non-directive principles, which they see as a necessary part of being a good teacher, such as 'relationship' and 'acceptance', to be useful. However, principles such as 'permissiveness' and 'responsibility to change' which challenge control, structure and discipline are seen as not being beneficial for a child and make the teachers feel uncomfortable. Likewise principles such as 'gradual process', 'non-directive' and 'reflection of feeling' which challenge limitations by offering the child "too much" freedom make teachers feel uncomfortable and are met with a mixed response. Is there then really an understanding of what non-directive play therapy is and is it perceived to be valuable and useful? Teachers are unsure. Some feel that there are times when therapy does not work whereas others feel that it is valuable experience which provides children with support and leads to growth and development. 'Therapy doesn't work', according to the teachers, when the therapist and child have a personality clash, the therapist is not flexible, timing is wrong or the 'problem' is not being looked at in a holistic view. A different view considers whether or not it may be the teachers' perceptions and expectations that are 'not working'. One teacher suggests that possibly teachers feel out of control when the 'problem' seems to be taking too long to 'get better' and that there is not enough sharing between teachers and therapists. If a lack of sharing, support, guidance and partnership can result in teachers developing negative perceptions and expectations of therapy, the question arises what is it that teachers' need in order to feel 'more positive' about the process of non-directive play therapy?

Teachers need therapists to communicate with them and not use ethics as a barrier. The concept of confidentiality is relevant for therapists but a balance needs to be found so that the teachers feel communicated with, included, valued and have the role they play acknowledged. In addition, the process of non-directive play therapy needs to be 'unpacked' so that it is not a myth or a 'hoorie goorie' thing and teachers' perceptions and expectations can become realistic and informed. How do we do this? One answer is that we need to improve the working relationship which we as therapists have with teachers. We need to influence teacher education programmes to ensure that teachers gain a sound understanding of the work of therapists and the principles of non-directive play therapy. If we do not transform perceptions and expectations so that they reflect more accurately what can be expected, then the view that therapy 'does not work' will prevail.

The research question was: what are teachers' perceptions and expectations of non-directive play therapy.

I went about answering it in the following way. Being the primary tool for data collection, I conducted informal observations at the school during the time frame of the study. This fieldwork took place in the teachers' natural setting - the school. This was important as I wanted to observe naturally occurring and meaningful behaviour. As I, the researcher, am a member of the school staff I was able to engage in participant observation (Mertens 2005:382-389) while collecting data.

The literature review guided the data collection. In the initial phase of my data collection, key concepts and ideas were taken from the literature and compiled into an open-ended questionnaire style document. A lot of blank space was available below the questions or themes taken from the literature review to allow the participants to give their own meaning of the concepts. Teachers had the option of communicating with me around the open-ended questionnaire style document which then resulted in the questionnaire being used more as an interview guide.

Once the information had been obtained from the open-ended questionnaires or guided interviews the information was collated and analysed to provide themes which were used as discussion starters in the focus group. All teachers were invited to participate in the focus group. They were informed that I, as the researcher, would have access to the information. They were assured of anonymity in the final report,

which would be used to assist psychologists when working in a partnership with teachers.

The focus group had eight participants. The themes obtained from the analysis of the open-ended questionnaire were used as a guide in the selection and formulation of open-ended questions for the focus group. These questions were placed in context so that the teachers would be clear about what was being asked of them. In order to ensure that the participants felt free to interact and participate amongst their homogenous group, *why* questions which could make participants feel defensive were avoided (Mertens 2005:382-389). These focus groups were recorded and transcribed in addition to hardcopy handouts which the teachers handed in with their reflections during the interview (if they wanted to).

Finally the Early Childhood Director was interviewed. As a teacher herself with years of experience she was able to provide a richly descriptive account of her perceptions and expectations of non-directive play therapy. This interview was done in the school setting and themes taken from the continuous reflections on the data done up until this stage (observations, open-ended questionnaires, focus group) were used to encourage interaction and the building of rapport in the interview (Mertens 2005:382-389). I paid particular attention to the meaning that this participant added to the interview in order to ensure that I accurately interpreted her own interpretation of her world constructs. This interview was recorded and transcribed.

As this study was conducted within a qualitative framework, the design used to collect data was not fixed or static as this restricts the exploratory and constructive nature of knowledge creation. The qualitative design of this study allowed for change during the research process which is necessary when one works with multiple changing realities (Terre Blanche et al. 2006:35). This was demanding research as I needed to constantly reflect on the process to "refine and develop the research design throughout the research process to ensure valid conclusions" (Terre Blanche et al. 2006:36-37).

The research paradigm, which represented the way that I as the researcher viewed the world, falls within the interpretive paradigm. My aim whilst I worked within the interpretive paradigm was a search for meaning. The purpose of the research was to

understand the teachers, who took part in the study, role as they engaged in the process of making sense of their world.

In order to obtain information about these teachers' meaning making I made use of a basic interpretive study. This design fits within the interpretive paradigm and focuses on understanding meaning. Constructivism informed this study and guided the collection of data.

I believe that meaning is socially constructed by these teachers in interaction with their world and therefore wanted to understand and describe the meaning that these teachers ascribe to the process of non-directive play therapy. Qualitative research best suited my purpose.

In order to collect data which was richly descriptive of these teachers' perceptions and expectations, I made use of data collection methods which encouraged interaction and depth. These enabled me to gain a better understanding of these teachers. These methods fit within the paradigm, design and methodology of this study.

This study was begun in order to obtain a deeper understanding of teacher's perceptions and expectations of the process of non-directive play therapy. The need for the study arose as there was a shortage of literature which provided insight into this particular field of study. As I began exploring the available literature on people's perceptions and expectations it became clear that a person's perceptions, expectations and accurate level of knowledge influence the decisions that people make and the actions that they take. A research design was selected as guided by the paradigm and methodology which would allow for the study to capture the teachers meaning and understanding in order that the final product was richly descriptive. The data was collected and once analysed showed that there is a great need for a close working relationship with teachers. Teachers need to feel valued and included; they play an important role in the process but are often left out after the initial referral. It also showed that teachers felt there should be more training and information to avoid false perceptions being created, which could lead to negative expectations. Teachers consider that is value in the process of non-directive play therapy and expect that this process would be very beneficial for children. Teachers, however, feel that it is a last resort and expressed the need for assistance in

referring children for therapy. This piece of research could provide psychologists working in a school setting with valuable insights into the perceptions and expectations of teachers. It could also assist psychologists working within the school system to form a co-operative working partnership with teachers in the interests of better support for the children and families with whom they work.

5.2 LIMITATIONS

I feel that a limitation on the study is that there is little available research specifically related to teachers' perceptions and expectations of the process of non-directive play therapy. In addition, qualitative research does not lend itself to generalisability since it seeks to understand a particular case. However, concepts and themes which may be valuable in other research products can be transferred by the researcher to the next study. This study was conducted on a specific group of teachers for specific reasons. A way of strengthening this research would be to conduct research into the perceptions and expectations of other key figures in children's lives as this could provide valuable information on and insights into therapy, the attitudes of those involved and the outcomes.

5.3 FURTHER RESEARCH

There are many options for further study. It would be interesting to look at the perceptions and expectations of all other participants involved in the referral and process of psychotherapy. For example, it would be interesting to look at parents, children and therapists' perceptions and expectations of non-directive play therapy. It would also be beneficial to look at the role of relationship between teachers and psychologists and how this affects perceptions, expectations and referral. I think that the tracking of children who enter therapy from identification until termination would contribute to gaining a deeper understanding of the process of therapy, the attitudes of those involved and the outcomes. Lastly it would be beneficial to look at the effects of improved training on teachers' perceptions and expectations of non-directive play therapy.

5.4 PERSONAL REFLECTIONS ON THE STUDY

I learnt a great deal through the process of this study, not only about teachers' perceptions and expectations of non-directive play therapy but also about the

principles of qualitative research. I have deepened my understanding of the theory of non-directive therapy, the principles and guiding tenets of the approach. In addition to this I now have an understanding of what it means to work as part of a system, which is especially good when working with a young child. I have an understanding of where teachers 'come from', what they can offer the process and what they will need from me as a therapist. Hopefully, with this information from the outset I will be able to begin the process in a way which will maintain my relationship and confidentiality with my client. At the same time, however, the process will make full provision for the child's other support relationships (teacher and parents) to feel acknowledged, involved and included in the process of assisting the child. Ultimately this leads to the improved functioning of the child as he will feel accepted, supported and cared for by all the significant people in his world.

I have learnt an enormous amount about the process of qualitative research. My reading of Merriam (2002) and Mertens (2005), in particular, has given me a deep understanding of the value of qualitative research as a way of enabling one to understand other people's response as opposed to quantifying their responses. This is a person-friendly approach to research. I feel that I now have an understanding of how to begin, conduct and report on a topic of study in a way, which is ethical, valid and reliable. This will enable me to conduct further research in the future.

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ADDENDUM A

PERMISSION LETTER

2006

To Whom It May Concern:

This letter serves to give Melissa Ellen Braithwaite permission to obtain information from the staff at the (Pre-Primary School).

We wish her luck with her dissertation and are happy to provide assistance wherever we can.

Yours sincerely,

Early Childhood Educational Director

ADDENDUM B

OBSERVATION SHEET AND OBSERVATIONS

Observation Sheet

Observation Sheet as suggested by Mertens (2005:383-385) from which questions have been modified and quoted for the purpose of this study. These questions have been used to guide and focus the observations which took place informally during the year 2006 in which data was collected and recorded.

"..the qualitative research field has shifted to value the 'insider' perspective, and thus researchers have tended to take on more of a membership role, either overtly or covertly" (Mertens, 2005:383-385)

1. Setting = school setting which allows the reader to visualize the setting.
2. How teachers arrange themselves within the environment (Human and social environment) =
   - How do the teachers naturally arrange themselves – groups / subgroups
   - Interactions with play therapist – how often / who initiates / changes in these interactions
   - Characteristics of teachers in the group – age / sex / background
   - Who makes decisions / are the decisions made openly / how are decisions communicated
3. Therapy and teachers behaviours
   - What do teachers believe takes place when children are referred for therapy
   - How do they (teachers) appear to experience interactions with the therapist
   - What do they appear to see their role as

4. Teachers perceptions and expectations of non-directive play therapy and its value for young children

   "The beginning
   - How is non-directive play therapy introduced or begun?

- Who is present at the beginning?
- What exactly was said at the beginning?
- How did participants respond or react to what was said?

The middle

- Who is involved?
- What is being said by staff?
- What are the participants doing?
- What is being said by the participants?
- What are the variations in how participants are engaging in the activity being observed?
- How does it feel to be engaged in this activity? (observer records own feelings)

In the end

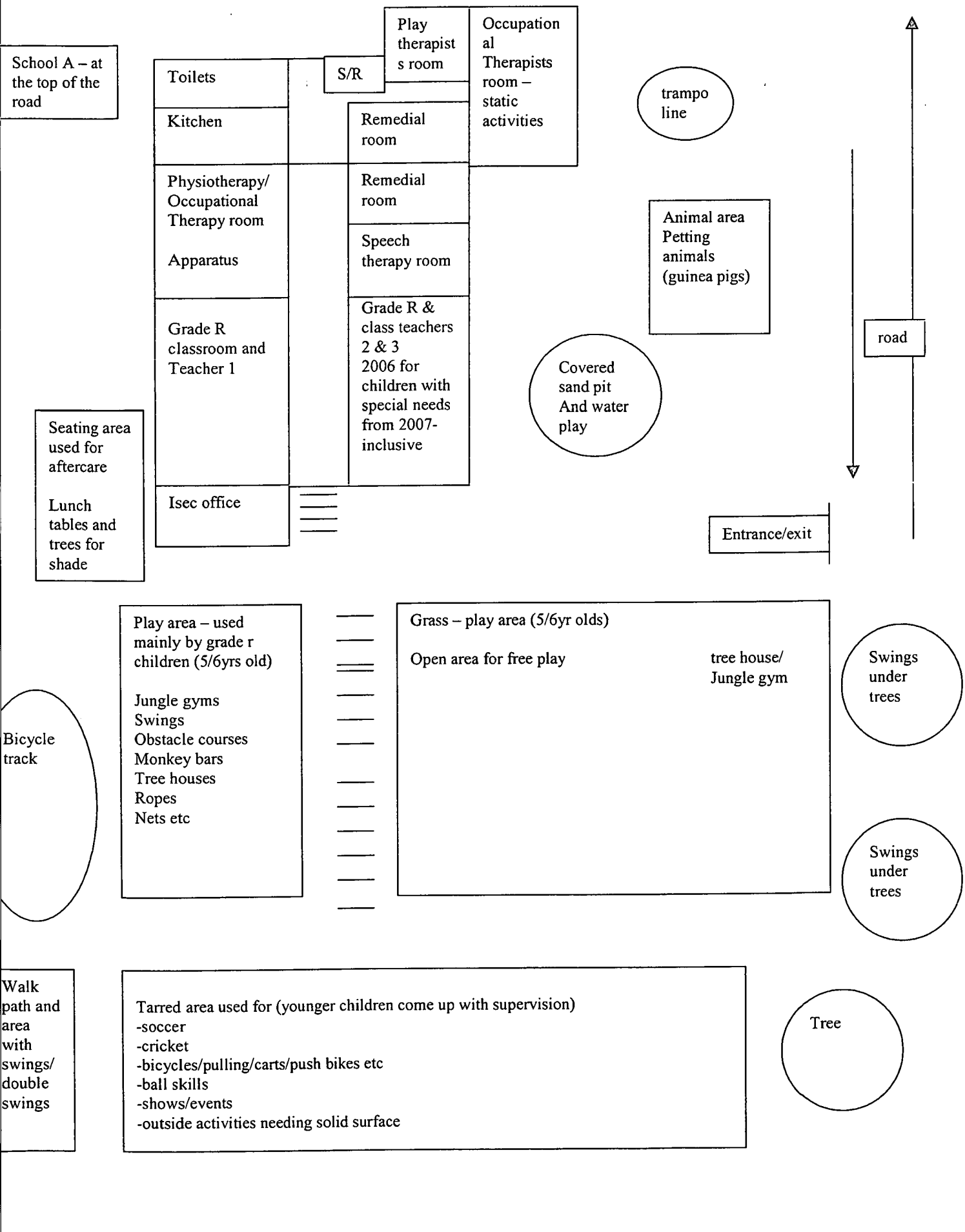
- What are the signals that the activity unit is ending?
- Who is present at the time?
- What is said?
- How do participants react to the ending of the activity?
- How is completion of this unit of activity related to the other program activities and future plans?

Summarised into general observation – include the following where relevant

5. informal interactions and unplanned activities = continued gathering of descriptive data (what people do/say to each other)
6. Observe body language and non-verbal cues
   - Native language of the program (accepted norms or ways of interacting and being)
   - Nonverbal communication (non verbal cues)
   - Unobtrusive measures
   - Observing what does not happen"

   (Mertens, 2005:383-385)

Diagram of physical setting



Play ground area – used mainly by younger children (3-5)

- sandpits
- swings
- jungle gyms
- climbing and swings apparatus
- obstacle courses
- boat
- imaginative play apparatus
- climbing nets
- trees

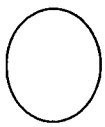
Grade R classroom and teacher 6

Office space
secretaries (teacher 4)
All admin done from here

Principles office(teacher5)

Open grass play area – mainly used by the younger children (3-5)

Covered sandpit



stairs

Entrance/exit

Younger group classroom and teacher 6 & 7
Ages 3 turning 4

Bunnies

Open classroom used for activities in bad weather and extra enrichment -music movement etc.

Middle group classroom and teacher 8
Ages 4 turning 5

Squirrels

Middle group classroom and teacher 9
Ages 4 turning 5

Buzzy Bees

Toilets children

Toilets staff

Kitchen

Grass open play area

- swings
- sandpits
- imaginative play apparatus
- jungle gyms
- animals (rabbits/chickens/crows/ducks)
- shady play area
- water play activites
- teachers and outside assistants to observe
- wendy houses
- wood play

Beginner group & teacher 10

Ages 18months -

Beginner group & teacher 11

Pre-pre school group & teachers 11 & 12

Ages 2 turning 3

Toilets

Kitchen (aftercare)

Office

Staff r& toilets

Parking area

Security Ent/exit

School B – further down the road

1. Brief Description of School Setting

Both schools which were involved in the study fall within a private community school from which the permission for the study was given. School A is higher up on the road and accommodates learners from 2/3years old until 6/7 years old. School B is lower down on the road and accommodates children at the very beginning of their school career. The children are accepted from the age of 18 months until 2/3 years old. The above diagram provides an indication of the layout and facilities at the school and should enable the reader to visualize the setting of the study.

2. Human and Social Environment

2.1 The core staff employed by the school:

Heading up the schools is the Early Childhood Educational Director who overseas all 5 pre-primary schools which fall within the ******school system. In addition to this there is one 1 teaching principle at school B. There are 13 teachers (2 of which are not in teaching positions); 12 teacher assistants/cleaning staff; 2 office staff; 2 security staff; 1 gardener; 1 cook.

2.2 Support staff employed by the school consists of:

2 remedial teachers; 1 psychologist (employing narrative therapy/non-directive play therapy techniques); 1 ISEC (inclusive supportive educational co-ordinator) role filled by the researcher. All the support staff including the Head form part of the school management team.

2.3 Professionals which run their private practices from the school premises:

1 physiotherapist; 3 occupational therapists working on a rotational basis and 2 speech therapists

2.4 How does the staff arrange themselves into groups? Subgroups?

It appears that generally teachers who teach children of similar ages tend to interact more frequently. For example Grade R teachers tend to group together during outside time on the top part of school A, where as the younger and middle group teachers tend to group together on the lower part of school A during outside time. The three teaching staff at school B group together. The assistant/cleaning staff, security staff, the cook and gardener tend to group together. There is not a lot of time for staff interaction aside from this as the children are very young and require constant observation during the day. Staff meetings which take place once a week as well as training on Wednesday afternoons allow the staff to interact with on another more freely. Staff from the same schools and those teachers who teach children of a similar age group seem to stick together but generally there appears to be harmony amongst the staff. The teachers who have co-teaching relationships appear to have more friction than those teachers who work alone with a teaching assistant.

2.5 What is the interaction like between the play therapist and the teachers?

The play therapist is generally busy working one on one with children in the play room. As the school day for the children is from 8:00 till 12:30 much of that time is taken up with therapy. The therapist spends two days a week doing therapy at school A, one day a week at school B, one day a week at another campus of the school and the last day is spent with meeting time and admin. It appears therefore from observation that there is limited interaction between the teacher and the play therapist. For this reason the ISEC, either a teacher with further

training or a psychologist, (Inclusive support educational co-ordinator – role filled by the researcher) forms the link between the teacher, parents and therapist. Through observation and time spent in the classroom the ISEC will identify children or parents who appear to be needing more individual attention meet with them and the teacher and suggest a referral to the appropriate professional e.g. play therapist/psychologist, occupational therapist, remedial teacher, physiotherapist or speech therapist. Alternatively the teacher will inform the ISEC or ISEC and professional, depending on the specifics of the case, and a time for observation and meetings will be set up. Each of the staff members have different approaches and some are more willing to refer a child for play therapy whilst others resist referral. It is necessary to have an understand of how each of the staff members prefer to operate so as to provide support which will allow the child, parent or teacher to receive the support they require. A trusting relationship needs to be built up between the therapist and the teacher this means time and interaction. This was not observed to be frequent between the play therapist and the teachers.

2.6 What are the characteristics of the teachers in the group?

The age of the teachers ranges from 25/26 till 61. The teachers have different training backgrounds (some trained at university others at colleges or technicons) and approaches to teaching. They have similar socio-economic statues. All the teachers are female with a mixture of different personality types.

2.7 Who makes decisions? Are they made openly? How are they communicated?

Decisions about which children and parents need support, specifically support from a play therapist/psychologist, is made in a number of ways. The first type of referral is either made directly from the teacher as she feels she needs support and the family/child need more individual attention. The second type of referral

comes from the play therapist/psychologist's or ISEC's observations in the classroom. The third type comes from the Head of the schools who has observed behaviour which concerns her and then suggests that the ISEC or play therapist/psychologist do further investigation. Lastly a parent may contact the play therapist/psychologist or ISEC or Head or teacher and request assistance. Decisions about whether or not a child/family should begin non-directive play therapy is then ultimately decided by the play therapist/psychologist and discussed with the professional multi-disciplinary team. A meeting with the parents is then held. Depending on the approach of the play therapist/psychologist as well as the specifics of the case the teacher is then included or excluded.

3. Therapy and Teachers behaviour

3.1 What do teachers believe takes place when children are referred for therapy?

It is my impression that teachers believe play therapy is a space where children are contained and 'calmed down'. It seems to me that some teachers feel the play therapist is able to 'draw' more out of a child / find out more than the teacher or parents are able to. The therapist is also often called when there is a problem and the teacher feels she is unable to manage the situation further and it appears that the teacher believes the play therapist/psychologist will be able to get to the 'bottom' of things. There is however, a sense of not understanding the process as well as being sceptical of its benefit particularly when change is not observed quickly. The period of time (this time frame is not always predictable, dependent on the child and can be a long process sometimes months/years) that it takes for a child to feel better and for the teacher to observe change is a frustration for some teachers.

3.2 How do teachers appear to experience interactions with the therapist?

As mentioned above the teaching commitments of the teaching staff and the play therapy sessions of the play therapist seem to limit the interaction time between the two parties during school time and there appears to be limited contact after 12:30. It appears to me that the teachers feel unsure of the therapists process (there are differences as per case but generally speaking). The therapist attempts to maintain confidentiality and, from an observers point of view, the teachers experience this as being left out of the process. There is not an open relationship or pattern of communication between the teacher and therapist.

3.3 What do teachers appear to see their role in the therapeutic process as?

From my observations some teachers provide guidance for the therapist as they know the children very well. Some teachers become actively involved in the process and look for cues or triggers so as to aid the process. The teachers will encourage the therapist to observe in the classroom and monitor the child/parent from their interactions with the child/parent and provide feedback to the therapist. Alternatively the teacher is less involved and does not provide as much assistance. From my observation, relationship – the development of relationship – appears to be a determining factor in a good working relationship between the teacher and therapist. When a teacher feels important or included – some include themselves because of their personality or because they are made to feel included – they use their very important role, which is to be the child's primary care giver at school, to aid or initiate the therapeutic process at school. Therefore teachers see their role in the process as a vitally important one, their role to manage it themselves or that they have handed the case over to the therapist.

4. Teachers' perceptions and expectations of non-directive play therapy and it's value for young children.

Example of the format that is followed within this private community school when a child is identified for therapy, process and completion of therapy. This process is possibly were teachers derive their perceptions and expectations of non-directive play therapy from.

Beginning

4.1 How is non-directive therapy introduced or begun?

The teacher, Head, ISEC, therapist, other professional or parent will feel that the child is experiencing difficulty (for examples of problems which teachers' feel warrants therapy refer to question 5 in the open-ended questionnaire) and a meeting will be called for all relevant parties – normally the teacher, ISEC, therapist and head – to discuss the issues and course of action which will be followed. The teacher will describe the child's behaviour, interactions both with her and other children, mood etc. The therapist, ISEC and head may then have questions for the teacher and visa versa. Once all relevant members of staff have discussed the problem from a school point of view, a meeting or phone call will be arranged with the parent. It is necessary to ask their permission for observation as well as to set up a meeting to discuss the child/family's home life or current difficulties. Once permission has been obtained the therapist will begin to work with the child and family.

4.2 Who is present at the beginning?

At the very beginning during the process of identification the teacher, Head, ISEC, therapist and other professionals will be present. Thereafter the parents, child and therapist are involved in the process. Feedback is given to the parents

with the child's informed consent as to what will be fedback. Parent and child's permission will be asked before information is passed on to the teacher.

4.3 What exactly was said at the beginning?

The discussion with staff (Head, teacher, ISEC, therapist, multi-disciplinary team etc.) will involve discussion of events and observations. The purpose of the discussion is for the team to be clear about what difficulties they are seeing the child present with in order to offer the parents/family a clear view of why they believe there is a problem and how the school can help to aid it. A discussion with the parents/family and therapist – the teacher may be included but this is decided per case. A discussion would take place around specific incidents e.g. a child's behaviour in class, a child's interaction with another child, a child's specific fears or anxieties, something specific the child said. A specific example and then a discussion around it. The person presenting the concern will provide information about why they are concerned. The staff present in the meeting will engage in a discussion with the aim being to come to a conclusion about possible management of the case and support for the parents/family and child should the family want the assistance to come from the school.

4.4 How did the participants respond or react to what was said?

The meetings take the form of a discussion so each party adds to the discussion. The teachers are generally happy for the therapist to become involved in the case if it has been brought to the group by them. They are therefore needing assistance with the said case. If the referral for therapy comes from elsewhere it can come across as aid and partnership or be perceived as criticism or that the teachers attempt at managing the situation is inadequate. This all depends on the teacher as well as their relationship with the therapist.

Middle

4.5 Who is involved?

In the middle phase the child, parent or parents and the therapist are involved. Feedback is given to the parents with the child's informed consent as to what will be fedback. Parent and child's permission will be asked before information is passed on to the teacher. The teacher will often provide feedback on the child's behaviour in class and what they perceive to be improvement or not. Limited two way sharing of information at this stage of the process often appears to be frustrating for teachers.

4.6 What is being said by staff?

The teacher of the child often notes that they feel 'out of the process', that they 'don't know what is happening', 'is it working?', they 'don't see any changes' and begin to become impatient. The child forms a bond with the therapist. The staff knows what they see and observe. They discuss their concerns or views with other teachers and draw on their experiences. A discussion may be brought up at a staff meeting. At this stage in the process a teacher appears to be more trusting of the process if the therapist has developed a good working relationship with the therapist and they (the teachers) feel valued. Frustration and resentment develop when teachers perceive their role in the process to be of lesser value than the therapists. The teaching staff often wonders what is happening in the therapy room. If a child comes out of a session and says that they have drawn a picture or played - this may often be perceived by the teacher to have been a waste of time.

4.7 What are participants doing?

The child will see the therapist once a week and the therapist will communicate with the parent on a regular basis. The therapist will check in with the teacher for their observations of the child in the classroom. With the parents permission feedback, which will assist the teacher with the child in the classroom, will be shared.

In the end

4.8 What are the signals that the activity unit is ending?

The child's behaviour, mood and confidence level reflects an improvement in their functioning. In most cases socialisation appears to improve and friendships are developed. There appears to be a more harmonious relationship with the teacher and parents may comments on improvements at home. Improvements could be in behaviour, less resistance and an improved relationship with siblings. On the other hand when the therapy appears to not be making head way and no visible signs of improvement are being observed the therapist may suggest alternate assistance for the child and family. It is important to work at the child's pace and ensure that the process has been allowed time to follow its own course.

4.8 Who is present at the time?

A meeting will be called by the therapist for the parents and feedback, after discussion with the child, will be given. A report may be requested by the parents. In some cases the therapist will ask permission to provide relevant feedback to the teacher. If the therapist feels unable to assist the child she will suggest alternate forms of assistance and make a referral.

4.9 What is said?

Feedback is given about the process, the way forward and possible suggestions for further development. In the case of a referral to an alternate Health Professional the therapist will provide the family with names and contact details of the relevant person.

4.10 How do participants react to the end of the activity?

If the process has been a successful one the parents are prepared and ready for termination which seems to come to a natural end. If the relationship has been strained between the therapist and the parent and the outcome, or hope for improvement not achieve the parents may be unsatisfied with the process. Teachers may feel excluded and disappointed that the child has not made improvement and continues to be in need of assistance and additional attention in the classroom.

5. General comments/observations

It is my observation that teachers have varying degrees of understanding around play therapy and the protocol which therapists must follow. This is reflected in the vague language which is used to describe the process such as

'the child is playing in the room'
'this child is being naughty please take him to your office'
'did you (the child) have fun?'

as well as the way in which some teachers talk about non-directive play therapy:

'what is the purpose of therapy?'
'it takes away from time in the classroom'

'they (therapists) should share more information with us we need to know all the details so that we are on board with the process'

'how long is the child still going to go for therapy?'

In addition to this I think that therapists sometimes tend to function alone or isolate themselves from the staff (no forming working relationships, attending school functions etc) and this forms a lack of trust between the teachers and therapists. I have observed that when the therapist and teacher work together a greater understanding of how the therapist works and the merits of therapy are conveyed to the teacher. In addition to this the therapists gain a greater understanding of the child's daily realities and the teachers thorough knowledge of the child as well as 'norm' behaviour for children of that age.

ADDENDUM C

EXAMPLE OF QUESTIONNAIRE

Questionnaire

School:.....

Teacher of class/grade:.....

Years of teaching experience:.....

Age:.....

Training:.....

---

1. What is the value of play in a child's everyday life?

.....

.....

.....

.....

.....

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

.....

.....

.....

.....

3. a) When you hear the word play therapy what are your perceptions.....

.....

expectations.....

.....

b) What is your understanding of the theory behind non-directive play therapy?

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4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

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4.2 "The therapist accepts the child exactly as he is."

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4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

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4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

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4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

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4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

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4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

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4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

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5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

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6. What would you expect to happen when this child is receiving non-directive play therapy sessions?

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7. What do you think the children get out of play therapy sessions?

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8. What are your perceptions and expectations of non-directive play therapy?

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9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

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10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

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11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

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What information would you like to still know about non-directive play therapy?

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comments or questions:

ADDENDUM D

FOCUS GROUP PLANNING AND KEY NOTES

Focus Group Planning– Themes for discussion

These themes for discussion were taken from the open-ended questionnaire as these were areas that teachers wanted further discussion on or clarification.

1. What takes place during a session – what would you expect to see during a demonstration?
2. What would you expect the ultimate benefit of non-directive play therapy to be for children?
3. What can you as teachers do to aid the process?
4. What do you need from the therapist to better understand and thereby assist the process?
5. Do you feel this kind of input / knowledge would be valuable in teacher training programs?
6. Tell me more about 'therapy doesn't work for all children…' – what are your experiences?

Teachers will be given a handout which contains the themes for discussion and open space should they want to use this to make notes. Only one teacher made use of this handout and this has been included in this addendum.

Firstly a BIG THANK YOU! To all of you for being so kind and completing that looooonnng questionnaire for me and now agreeing to be part of this focus group today. I would like the focus group to take the format of a discussion.

From the questionnaire it is clear that all recognizes the value of play. Reason's for referral as well as the value of a one on one relationship is confirmed. There does however appear to still be uncertainty around certain areas. I have 6 questions which we can use as prompts to begin the discussion. I will be recording this session as I need to transcribe it. Please if you could talk into the microphone area and pass it on to the next person when you have finished.

Below are the 6 questions with space for notes.

THANK YOU ONCE AGAIN!!!

1. Many of you were curious about what actually takes place during a session. If there were to be a demonstration what would you imagine to see?

Should be what happens
different types of toys & how interpret play

agree Hesia - not need to tell ~~for~~ teacher →
domestic violence at home
- pp are private - not air dirty laundry
who will tell when want to
not ~~detrimental~~ detrimental to child
- know issues - be gentle gentle

2. **What do you expect the ultimate benefit of non-directive play therapy to be for children?**

to work thru any frustration / anger or emotion.
for therapist to "work out" what ~~from~~ cause
of "behaviour"

3. **What can you as teachers do to aid the process?**

Be understanding

watch the play - discussion

- what with what

- same toy etc.

4. What do you need from the therapist to better understand and thereby assist the process?

what problem
how to reduce "behaviour"

5. **Do you feel this kind of input/knowledge would be valuable in teacher training programs?**

know to refer

lot depends on-person (therapist)
- personality clash
- toys

6. **Tell me more about 'therapy doesn't work for all children....' – what are your experiences?**

home ~~independent~~ dependent
long term

Yes - depends on - problem - if known at all/ prognosis
- personality
- environment
- how long
- given chance to work

ADDENDUM E

INTERVIEW SCHEDULE

Interview Schedule – Themes which will be used as discussion prompts

1. What is the value of children's play in everyday life?
2. Teachers perceptions of non-directive play therapy?
3. What are teachers expectations of non-directive play therapy?
4. Observations of play therapy? And benefits?
5. What can teachers do to aid the process?
6. Would it be beneficial for teachers to be exposed to the theory and practice of non-directive therapy during their training so that they have a better understanding of the process?
7. Can you tell me more about 'therapy doesn't work'?

ADDENDUM F

COMPLETED QUESTIONNAIRES

Questionnaire

School:.....

Teacher of class/grade:.....

Years of teaching experience:.....

Age:.....

Training:.....

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1. What is the value of play in a child's everyday life?

Provides opportunity for dealing with reality, imitates adult world. Allows for creativity, social interaction, learning. Through play child learns coping mechanisms, planning skills, expression of self, co-operation & other social skills.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

Spontaneous play where child is observed by therapist who can thereafter analyse & help find solutions to help child with difficulties.

3. a) When you hear the word play therapy what are **your**

perceptions: Intervention needed to assist child who has difficulty coping, lacks sense of self

expectations: Healing, growth, development, maturity, strengthen self-esteem, confidence in 'self'

b) What is your understanding of the theory behind non-directive play therapy?

Child is allowed to express self in safe, supported environment with no interference/judgement by adult. Therapist gains insight into child's inner being and can help find solutions to problem child has.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in whicha good rapport is established as soon as possible."

Any person working with children needs to adhere to above principle as a means of building trust

4.2 "The therapist accepts the child exactly as he is."

Child needs to feel safe, not judged

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

To discover the inner child self it is imperative that the child can express him/herself with total freedom

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Therapist needs to be absolutely non-judgmental in reflecting back to child & must understand the level of the child's capacity to understand language & emotions

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

The process can take time as the child's inner self unfolds, the therapist needs to wait patiently as the child discovers his/her ability to find solutions alone.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

The therapist does not interact or engage with child

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Therapist needs to provide the correct atmosphere, a quiet, stillness on the therapist's part will allow the child to feel contained

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

The therapist will set some rules

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

A child with emotional problems, difficulties in self-expression, behavioural problems, difficulties with social interaction, a child who appears unhappy, confused, angry
A child is learning difficulties and low

Self-esteem difficulty
A child who has dealing with loss (death, divorce) moving home, new sibling.
The above difficulties would need to be unresolved after a extended period of time before starting play therapy i.e. if other solutions eg. parental guidance & other supports have been unsuccessful.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

The child will have an opportunity to give expression to his inner self.
He/she will feel contained, safe & supported which will allow feelings to flow more readily & reveal the inner conflicts that may be hindering his/her reality.

7. What do you think the children get out of play therapy sessions?

Children should get a stronger identity, sense of self. Their sense of self-value can be enhanced leading to greater confidence, emotional maturity which enables more successful coping mechanisms

8. What are your expectations of non-directive play therapy?

That a skilled, trained therapist will help a child who is vulnerable to discover his/her own self-worth and help lead to growth & strong sense of identity.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

I believe that when a young child is "stuck" in a behaviour that impacts on his emotional, social & expressive development in a home or learning environment in spite of other interventions eg. family therapy/guidance etc, play therapy sessions can be recommended

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

people do not understand the process & sometimes feel its a waste of time & money. Different people/personalities respond

differently i.e. one therapist might be more successful with specific child/patient than another.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

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What information would you like to still know about non-directive play therapy?

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comments or questions:

① Teacher/Owner Humpty-Dumpty Play school - 12yrs
② United Herzlia Schools.) 4 yrs.

Questionnaire

School: SARAH BLOCH DAY-CARE CENTRE
Teacher of class/grade: Teaching 2-3yrs - Middle group
Years of teaching experience: 16yrs.
Age: 57 yrs - "young"
Training: B.A. Wits University

1. What is the value of play in a child's everyday life?

Play develops the child as a "whole" - Integrating emotional, social, physical & cognitive behaviour - all interlinked -

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

Kidz being allowed to use Imagination, Exploring all their senses, without DIRECTION or Instruction; Therapist allowing the child to work at his/her own pace and own level.

3. a) When you hear the word play therapy what are your perceptions. Child being able to Express himself in a clinical environment, such as NON-threatening atmosphere

expectations. to achieve objectives set out. Child's problem areas are highlighted in an atmosphere of play.

b) What is your understanding of the theory behind non-directive play therapy?

Theory would be to observe without Directing or Instructing and therefore learning about the child's interaction in a totally NON obtrusive way.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

This is the most important aspect of any relationship — which in turn would develop TRUST — and strengthen the bond between Therapist and child. — In turn allowing for Growth and improvement.

4.2 "The therapist accepts the child exactly as he is."

Each child is a UNIQUE. Therapists approach must be NON judgemental carrying with her NO preconceived ideals — and NO BIAS.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

A NON-threatening environment is created - allowing the child total free-expression of play, and intellectual interaction.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Therapist observes a smile, a tear, an Angry face etc: and gently shares that particular EMOTION — BACK to the child — therefore enabling a platform to work on behavioural issues of child.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

The therapist is gentle on the child - respecting the child to make his own choices, not interfering or being judgemental. Allowing the child in a non intrusive manner to rectify the issue at hand.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Does not interrupt the child at play and interrupt when the child talks. The therapist observes the action from a distance — therapist becomes interactive on demand of the child.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

This is a slow process allowing events to unfold naturally enabling the child to recognize and resolve his own problems

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Although therapy is NON directive there is the ever so slight guidance from therapist to child, gently steering the child in the right direction

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

1. Anti-social Behaviour
2. Language problems
3. Fears
4. Phobias
5. Anxieties.
6. Anger

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

To improve the skills or social/emotional development of the child. ~~to be lacking~~ that which is lacking. To overcome all barriers that HINDER the child's development.

7. What do you think the children get out of play therapy sessions?

Hopefully he/she will be in touch with his/her issue. Hopefully because of the laid-back atmosphere of the therapy the child ENJOYS going to the session and will therefore learn and grow.

8. What are your expectations of non-directive play therapy?

Child to be more focussed and to see the problem been slowly being realigned. The child must be very comfortable as he himself has helped to bring about the change

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

If and when I notice a child with a possible problem, I would discuss it with my principal and then in turn call on a therapist to just observe, and then if need be, go into therapy.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Therapists are an integral part of the education system. We as educators need to work very closely with a team of therapists - along with the support of the Parent - all for the Betterment of the

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy? The more knowledgeable one is, the more armed you are to dealing a situation - However - as an educator, one's intuative reponse is always / and very often good

What information would you like to still know about non-directive play therapy? I have not heard of Non-Directive P/Therapy and have therefore answered all questions via my "gut" feeling. I would love to attend a workshop / or a lecture whereby an expert in play therapy would be able to SHARE the whole concept with me - and enable me to ask questions in areas that are a little ambiguous.

comments or questions:

Questionnaire

School: Gan Aviv Pre-Primary

Teacher of class/grade: Gr R - Saplings.

Years of teaching experience: this is 2nd.

Age: 31

Training: Bachelor Soc. Science, Montessori 3-6yrs, Part Grad Primary, currently - Learning Support (Univ)

1. What is the value of play in a child's everyday life?

Vital - gives child an opportunity to express, act out, put into practise things they have observed & experienced. A way of coping with experiences & give expression to it.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

Where the child leads & the 'therapist'/teacher follows. Teacher doesn't tell child what to play & how.

3. a) When you hear the word play therapy what are **your** perceptions positive, a safe space for child to be.

expectations that a safe, loving space is provided & they're able to process & given an opportunity to express, release, clarify difficult emotions/situations.

b) What is your understanding of the theory behind non-directive play therapy?

I have not conducted much research into it so limited.

4. **Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:**

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

Absolutely, in any interaction w a child a relationship of trust, care & acceptance must be established in order to progress / move forward. It will take as long as it takes to reach that point - it can't be rushed.

4.2 "The therapist accepts the child exactly as he is."

Child must be acknowledged & accepted as he is in order to feel safe, validated & not judged

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Permissiveness has, in my mind, a negative connotation, so no - s/he should not feel permissive. I imagine that the child should be allowed to express him/herself but boundaries should be in place. More of a democratic / trusting / mutual respectful relationship. I don't think child will feel safe if therapist is permissive - how to feel secure w boundaries.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Yes, paraphrase what the child says - give it back so child feels heard, acknowledged & gain insight into self.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

Yes, very often people know what's best for themselves & must be given a space to reach their own solution rather than be told what the answer is. If need be give choices / present the child w possibilities if unable to make choice & change comes from within the child.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Mostly allowing child to direct, if non-responsive the therapist can engage or initiate a game

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Yes, the relationship & process develop in there own time. The therapist cannot force anything on child, child has to come to solutions (?) in their own time - when ready.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Yes - as well as the world of fantasy through which the child can express him/herself.

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Children who've experienced loss of/ trauma eg divorce, death.
Emotional ~~problems~~ issues eg anxiety
Children who struggle to adapt & form Behavioural issues - oppositional defiance - in conjunction & parents.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

Depending on age & age of child.
Calmer / maybe happier having had opportunity to express + vent & feel heard + acknowledged & understood.
To have a clearer understanding of what's going on in their lives.
- Given tools for eg managing themselves / emotionally esp.
- more whole & less fragmented.

7. What do you think the children get out of play therapy sessions?

A greater understanding of why they feel the way they do - what is + normal to feel + how to deal & those emotions. What their responsibility is & what's their parents'
More clarity, acceptance, respect & maybe a (sense of) unconditional love.

8. What are **your** expectations of non-directive play therapy?

To Bring out qualities + emotions discussed previously.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

Because I view therapy in a positive light, I'll have no hesitation to refer if I feel it'll benefit the child. Parent must be brought into the process. I wouldn't want child to feel that they are the cause of problems

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

That children can do what they like - just play so what's the point they can do that anywhere

- That it's costly & therapies over-diagnosed.
- Also → v. beneficial & necessary.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

For sure

What information would you like to still know about non-directive play therapy?

- What process entails.
- More tools on how to identify - signs to be aware of ~~[illegible]~~ so I can refer.
- How to follow up - what I could do to assist process

comments or questions:

It's crucial that the family system is looked @ & not the child alone. Problem often lie in way the system is constructed & operates & people's roles in the family. Negative behaviour could well be as a result of ~~mistaken~~ parenting. Parents need guidance + support 1st & foremost & should be worked ~~c~~ in conjunction with the child - as well as other siblings. (the whole unit). The child alone should not be viewed as the problem - rather the system.

Questionnaire

School: Herzlia Pre-Primary School - Gan Aviv
Teacher of class/grade: Middle Group.
Years of teaching experience: 35 +
Age: 56 years
Training: UCT-(HPTD) UNISA (Post-Grad.

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1. What is the value of play in a child's everyday life?

The Child interacts with the world around him and learns about himself and his enviroment through play

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

Where the child can use his imagination freely and have free play without adult duction or intervention - in a safe and controlled enviroment

3. a) When you hear the word play therapy what are your perceptions / expectations: That the child is carefully observed by a child psychologist during play so that an intimate knowledge is gained of that child - so that the work of his trauma are understood and the play therapist can 'tap' into and work with the child

b) What is your understanding of the theory behind non-directive play therapy?

Have little (if any) knowledge of non-directive play therapy - but I would definitely like to know more

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles: — These are good basic education principles. → 4:1 a 4:2.

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

How does the therapist establish this warm relationship? - Show interest in the child's perception of the world? how? friendly conversation - what if the child will not communicate verbally? Are there toys or books in the therapists room?

4.2 "The therapist accepts the child exactly as he is."

This is good and freeing for a child to be completely accepted! I understand this basic principle

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

I need to understand the process and workings of this principle. The word permissiveness: how far does this extend to around the actions and interaction of the child and therapist?

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

An amazing way to start the child to his own feelings - so that the feelings of confusion are rated and he can understand how and why he is reacting in certain ways.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

This principle should build the childs self-esteem and give him a feeling of power in his/her own life

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

I would like to observe this - a one way mirror or video recording.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

How long do maximum does a child remain in therapy?

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

How is this done?

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

- A child who cannot make relationships within his/her peer group.
- Adults who needs to act out in an aggressive way within his peer group.
- A child who is constantly attention seeking in various ways – towards the Teacher or within his peergroup.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

The child will be able to ~~understand~~ express his fears to the therapists - The therapist will help the child behave in a more acceptable way in Society ~~=~~ the child understands or has insight into his/her own behaviours and can conform to the norm of behaviour in his/her group - They will be able to express their ideas - desires and communicate with more ease in a socially acceptable way.

7. What do you think the children get out of play therapy sessions?

Their self-esteem should grow. They will become more confident and will be able to interact with their peer group in a satisfactory way and make good relationships within their group.

8. What are **your** expectations of non-directive play therapy?

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

I do and yes a little more understanding of this therapy.

What information would you like to still know about non-directive play therapy?

I would like a play therapist to demonstrate / by way of a video recording the dealings of this therapy and also relate successes.

comments or questions:

Could we have a visit or two by a play therapist to our campus? So that our understanding of this therapy could be more complete?

ch^ = children 1

Questionnaire

School: Gan Aviv

Teacher of class/grade: R

Years of teaching experience: 16

Age: 35-45 - How rude to ask my age

Training: 4 yr HDE - don't you think I'm qualified!

Melissa - you are me big, bigger, biggest "

1. What is the value of play in a child's everyday life?

Basis of education
Learn through play
Learn basic skills (subskills) in fun media

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

With Give the child specific 'toys' types of toys & let them play on their own

3. a) When you hear the word play therapy what are **your**

perceptions through playing in a directive way ch^ work through their 'difficulty'

expectations ch^ play out their frustration

b) What is your understanding of the theory behind non-directive play therapy?

Non specific toys. The ch^ plays & the therapist interprets his feelings → the therapist might redirect his play & put other toys in the 'fore'

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

The ch needs to feel that the therapist is their friend for the ch to play in a relaxed/manner & true

4.2 "The therapist accepts the child exactly as he is."

Don't try change the child, work with what you have

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Don't put your feelings forward, play/sit with the ch according to his wants/needs Don't push your way into his play

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Ask questions according to tricks conversation & redirect their play indirectly

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

Allow the ch to talk, make decisions & play
Follow the ch's lead

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

same as above

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Go at chi's pace, follow his lead

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

accessive!
aggression
emotional issues
home difficulties
social issues

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

to alleviate the difficulty

7. What do you think the children get out of play therapy sessions?

hopefully to find a safe way to express themselves while having fun

8. What are your expectations of non-directive play therapy?

same - to alleviate their difficulty - reason for going there

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

Because of what she said (written) - I would send a child on these things

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

They just play - a waste of time

11. If you did ~~not~~ Yes know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

I feel I was enough.

~~Yes~~

What information would you like to still know about non-directive play therapy?

Zipo. (Nothing) I knew it all!!!

comments or questions:

It is not for everychild/My child went for 12 sessions - & nothing was detected. I saw no change in him. He did a lot of hammering & police play during session with difficulties

Depending on the ch - ito home situation & don't readily send ch in 16 yrs of teaching I've suggested it to 3-4 ch's.

Good luck with the thesis.
Work hard (& play hard) & enjoy life.
Remember - it takes more muscles to frown than smile

Questionnaire

School: Stellings

Teacher of class/grade: R

Years of teaching experience: 37

Age: 58

Training: Pre-Primary / Remedial / Spec Ed

1. What is the value of play in a child's everyday life?

Play is the most powerful vehicle children have for trying & mastering skills, concepts & sciences. Play contributes to have children view themselves as learners. Play is the work of childhood. Play is to have fun & to learn.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

My understanding is that the child guides one towards his/her needs by acting out various emotions to a Child's anger, frustration, being needy or anxiety

3. a) When you hear the word play therapy what are your perceptions. I understand that it gives the child an opportunity to 'act out' his/her feelings expectations. That it will help the child to deal with traumas in their life, poor self esteem, conflicts

b) What is your understanding of the theory behind non-directive play therapy?

That through meeting with parents & care-givers as well as the child. By involving those connected with the child, their understanding the child's needs will be easily attained.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

Although the good rapport is of huge importance, boundaries do need to be discussed & to be put in place.

4.2 "The therapist accepts the child exactly as he is."

The therapists room should be a safe place & the child should feel free to 'act out' or express any emotion.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Yes I agree with this but therapist should continue to set boundaries for safety

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

By reflecting & discussing these feelings the child will gain confidence to discuss this more freely.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

Of course always relying on the therapists ability to lead them on different paths to reach the most appropriate one.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

The therapist should allow the child to explore different ways of dealing with problems but may need to re-direct them.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Therapy as I see it cannot be rushed & may need to continue for a long period of time in this way the child will come to gain confidence in their relationships.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

I agree that this would be of great importance.

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

- to allow the child to express feelings appropriately
- to feel more secure
- to improve self-esteem
- to be more trusting

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

That you meet on a regular basis with the therapist & assistance & support is provide to you to deal with a variety of struggles that may occur within the teaching environment.

7. What do you think the children get out of play therapy sessions?

It gives children the opportunity to feel free to express their emotions we hope that through this process they may become happy & well adjusted with a better self esteem.

8. What are your expectations of non-directive play therapy?

For the therapist to be committed to the child & to give advise & feedback to the educator so as to be part of the process

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

By recognizing the benefits derived by the child & the gains there of

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

That there is a definate need & place for it in the Pre-School.

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.....

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

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What information would you like to still know about non-directive play therapy?

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comments or questions:

Questionnaire

School: Gan Aviv

Teacher of class/grade: 4-5 years

Years of teaching experience: 8.5

Age: 27

Training: 5 years (H.DE. + NG Diploma)

1. What is the value of play in a child's everyday life?

Children learn through play. They use this time to develop themselves as a whole child (social, physical, emotional cognitive and language) and for young children this is where they express themselves the best.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

I understand it to be a child goes for play therapy and is then allowed to talk or do what they want to do with the therapist. I.e. they control what happens and the direction it goes.

3. a) When you hear the word play therapy what are your perceptions/expectations

Young children often cannot put into words what they need to express. Play therapy is a good way for them to express their emotions for the child to work through their respective issues by showing us what is wrong.

b) What is your understanding of the theory behind non-directive play therapy?

This way we are not showing the children what we assume to be is wrong but rather allowing them to feel safe and secure to show us through play when they are ready.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in whicha good rapport is established as soon as possible."

It is very n.b that the child feels safe & secure in this new-found relationship. Showing the child that being with the therapist is going to be a place where they are free to express themselves. A child responds better when he/she does not feel threatened.

4.2 "The therapist accepts the child exactly as he is."

Each child is unique and the therapist needs to accept that. I believe that we are not trying to change the child but rather their behaviour or attitude towards a situation.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

The child must feel as though they can be open & honest in their relationship with the therapist.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

It is very important that through regular play therapy the child eventually gains insight into their own behaviour. The therapist therefore needs to be able to recognise the feelings the child is expressing.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

I believe that one should allow the child to give their input into the problem solving. However it is unfair to lay the full responsibility of choices & changes at the child's feet. It should be a mixture of both of them.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

I agree with this. Only then do we truly know that it all really comes from the child.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Definately. Therapy can take 3 days or 3 years. It is nb that we allow it to run it's true course

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

There are certain behaviours that are not acceptable and the therapist has to make sure the child is aware of these. Depending on the therapist then they will estdblish what the childs role is.

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Behaviour
emotional
Divorce
Death
Social

Suicidal thoughts
conflict resolution
self-esteem issues
sibling rivalry
aggression

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

That the child is able to be free to express themselves and their issues through play. It is a safe & secured environment where the therapist is there to help and observe the child and intervine where necessary.

7. What do you think the children get out of play therapy sessions?

A chance to deal with a certain situation head on. This kind of therapy deals with a certain issue and is set up with that issue in mind. The therapist can help the child deal with

the issue in a possitive manner

8. What are **your** expectations of non-directive play therapy?

To allow the child the free to express themselves about their various issues. To allow them to be in a secure & safe environment when doing so.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

I think that a child can only benefit from these sessions so if my expectations can be met it is always a possitive thing to send a child for this kind of therapy.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

I am not sure what common perceptions are, as have never really discussed the issue with others.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

I think more information always leads to a better understanding no matter how much you know.

What information would you like to still know about non-directive play therapy?

comments or questions:

* Please mind the spelling!

Questionnaire

School: Gan Aviv

Teacher of class/grade: Remedial teacher

Years of teaching experience: 4

Age: 26

Training: Degree in Foundation Phase Education

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1. What is the value of play in a child's everyday life?

Children learn thrugh play and exploration. Very little of what a child learns every day comes from the spoken word. Play teaches the child appropriate emotional and social behaviour. Play plays a intrical part in maturity.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

A play therapy session would consist of a therapist and a/on child/children. The child + therapist would play together with a certain aim/goal/intention in mind (from the therapist)

3. a) When you hear the word play therapy what are your perceptions a space where child can play so that the therapist can elicit neccesary info as to build on why the child act/reacts in certain (inappropriate) ways. expectations

Intervention should take place and through play/role play the correct behaviour should be acquired.

b) What is your understanding of the theory behind non-directive play therapy?

Providing a safe space to play and thereby revealing areas of vulnerability which the therapist can then target

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

True

4.2 "The therapist accepts the child exactly as he is."

You accept the child, but not his behaviour. I think it is very important that a child learns that no matter where or with whom, bad behaviour isn't good for him and wont be tolerated.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

I feel that the impact will be more effective if the therapist guides the child with questions so that the child recognised the feeling themselves after realizing feelings
Eg. I see that you behave differently when playing with Sandra than with Jim. Why? What happens when you play with Jim? How does that make you feel? How do you react?

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

Agreed

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Important. The conversations that the child brings must have some kind of significance. There's a reason why a comment came to the surface.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Agreed

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Inappropriate behaviour. Eg. fighting, disobedience, non-compliance, inability to share, over eagerness to please, attention seeking, inability to make friends etc.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

The child learns through play how to act and react in certain situations. Basically the child acquires the necessary skills to interact and behave in a socially acceptable manner which will in turn lead to a healthy and happy state of mind for the child to be in. Without such a state of mind the child wont develop a positive self-image or grow in confidence.

7. What do you think the children get out of play therapy sessions?

8. What are **your** expectations of non-directive play therapy?

See no. 7

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

I refer them, because I believe it is very helpful. I think a lot of the skills can be (modelled?) and taught in the class aswell

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Parent / teachers often believe that after therapy, the problem should go away. They

dont realize the importance of "follow thrugh" in the class and at home.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

Yes, definitly

What information would you like to still know about non-directive play therapy?

Is there a specific target or does the therapist just work with what comes to the surface when the child conversed with them.

comments or questions:

Questionnaire

School: Saplings

Teacher of class/grade: R

Years of teaching experience: 19 yrs

Age: 50 yrs

Training: Bartly House College (Teaching i-Yd.E. schools)

1. What is the value of play in a child's everyday life?

In many ways play prepares the way for the childs future - they learn through play. They develop skills social interaction, role modelling and they discover where their skills lie. They derive enjoyment in the process.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

(or minimum)

Non directive play therapy implies no intervention from an adult - it is free play not guided but is instrumental in indicating to the therapist how the child feels about self

3. a) When you hear the word play therapy what are your perceptions (One way of helping a child deal with their emotions
A child who is angry emotional needs play therapy
my perceptions - sometimes good other times a waste of money
expectations
To help the child express his emotions in a less angry emotional manner. The therapy should aid the child to make better choices take more responsibility.

b) What is your understanding of the theory behind non-directive play therapy?

To observe the child in a non-threatening play environment, and to help him/her thereafter

Questionnaire

School: Saplings

Teacher of class/grade: R

Years of teaching experience: 19 yrs

Age: 50 yrs

Training: Barkly House College (Teaching in 1st ELE schools)

1. What is the value of play in a child's everyday life?

In many ways play prepares the way for the childs future, they learn through play. they develop skills social interaction, role modelling and they discover where their skills lie. They derive enjoyment in the process.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean? (or minimum)

Non directive play therapy implies no intervention from an adult - it is free play not guided, but is instrumental in indicating to the therapist how the child feels about sit

3. a) When you hear the word play therapy what are your perceptions (one way of helping a child deal with her emotion
A child who is angry emotional needs play therapy
my perceptions - sometimes good other times a waste of money.
expectations
To help the child express his emotions in a less angry emotional manner. The therapy should aid the child to make better choices take more responsibility.

b) What is your understanding of the theory behind non-directive play therapy?

To observe the child in a non-threatening play environment, and to help him/her thereafter

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

For any progress to be made, there needs to be trust. (in therapy) a nurturing, warm environment will help the child feel comfortable, will aid him/her to open up more, and to relax. Only then can therapy be meaningful.

4.2 "The therapist accepts the child exactly as he is."

The therapist is non judgemental, accepting the child for "what" and "whom" he or she is.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

The therapist needs to gain the childs confidence, and not place restrictions on the "flow" of play. In this manner the child does not feel restricted and will play more freely opening up emotionally.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

The competency of the therapist is vital; the manner in which feelings are reflected back will determine whether the play therapy is successful or not. An awareness needs to be created within the child so that responses in the future are more appropriate.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

The above is true, some children need more intervention than others to "see the light" and the process can be longer or shorter depending on the childs intellect, emotional state etc. At the end of the day the choices are still the childs, and we need to respect and have faith in his ability to solve problems

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

The above is self-explanatory - encompassing non-directive play therapy. The therapist does not put ideas into the childs head, but alternatively takes the lead from the child.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Most therapies are gradual, and the therapist is not at liberty to "hurry" the play. The nature of play should be non-stressful, and should take place over a period of time. Simultaneously as with everything, there are time constraints (e.g. length of sessions, affordability etc) Most therapies are costly.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Occasionally the therapist might need to intervene to "re focus" the child, but "when" and "where" to do this, would be left entirely up to her(his) discretion.

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

A) A child who displays much anger within the classroom situation, and at home.
B) A child who has many emotional issues (class + home)
C) A child who has been through or suffered a trauma, divorce etc.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

One would expect to see a more positive child emerge, perhaps less emotional, and better able to focus and to cope with day to day challenges.

N.B. Does not always happen!

7. What do you think the children get out of play therapy sessions?

A chance to express themselves freely through the medium of play - to vent their emotions.

8. What are **your** expectations of non-directive play therapy?

To look at the child holistically, to gather data through his/her play and to proceed with therapy thereafter (encompassing the family is necessary)

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

To be honest I am sometimes sceptical due to the high costs, but in certain cases it could be beneficial for the child.
The right teacher, classroom environment could also aid a child with problems, without him/her having to attend therapy.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Cannot generalise, some therapists are very competent, others not. As I have mentioned

before the expectations would be for the non-directive play therapy to help the child, otherwise precious time money would have been wasted!

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

I am not that versed in play therapy - although I have had many parents ask if their children there More information would be helpful.

What information would you like to still know about non-directive play therapy?

1) What the ultimate benefits are for the child
2) Could home based non-directive play therapy not also be as beneficial
3) What about affordability and parents who cannot afford the costs?

comments or questions:

Questionnaire

School:.....

Teacher of class/grade:.....

Years of teaching experience:.....

Age: 31

Training: HDE Special Needs/Remedial.

1. What is the value of play in a child's everyday life?

Play enhances a childs ability to express him/herself through a medium other than that which he uses generally. Important part of each child's life

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

A safe space for children to express themselves through play. Deal with fears/anxieties etc.

3. a) When you hear the word play therapy what are **your**

perceptions help for children who are dealing with issues

expectations issues are dealt with on a level comfy for the child.

b) What is your understanding of the theory behind non-directive play therapy?

Children are able to express issues etc through the medium of play.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

Agreed! Sometimes it takes children longer/ shorter to trust another human. The good relationship helps to form a solid basis for therapy.

4.2 "The therapist accepts the child exactly as he is."

Yes. From the point at which the child is received, that is where work begins.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Agreed. — no point in doing therapy if the child is not expressing freely.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Brilliant — great skill to learn.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

The child needs to be in control of his destiny!

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Sometimes, direction may be needed by the therapist.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Agreed – this may be an important building block in the child's life for the future. Not something that can be rushed.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

?

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Anxiety, fear, lack of control.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

Expect child to be in therapy in a safe environment.
Child-related therapy
Parental involvement ~~ineffective~~
Teacher involvement.

7. What do you think the children get out of play therapy sessions?

Get the ability to feel & express emotions
They are able to deal with issues in a safe place with someone they trust. They learn skills & problem-solving abilities & stand them in good stead
→ work-relationships

8. What are your expectations of non-directive play therapy?

That the child's I refer will be held & directed positively. Issues dealt with.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

Depending on the child, decisions are made in the best interests of the child.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Some people feel that its too 'airy-fairy' - I disagree.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

Yes

What information would you like to still know about non-directive play therapy?

comments or questions:

Questionnaire

School: Gan Aviv

Teacher of class/grade: Younger group

Years of teaching experience: 8 years

Age: 46

Training: B. Prim Ed, dACE (Unisa) UCT

1. What is the value of play in a child's everyday life?

play with peers -Socialisation -learn to share
imaginative play - create situations from
experience -role play
develop vocab, conflict resolution
develop skills when use specific toys/
outdoor equipment

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

Children play in therapists space
with toys, games provided - free play
& therapist uses situations to engage
child. work with the child as he plays
freely.

3. a) When you hear the word play therapy what are your

perceptions child needs assistance with
certain difficulties in his life - uses play to
deal with problems.

expectations

that therapist assists child overcome difficulties
without child realising it. - helps come to
terms with issues - find ways of coping

b) What is your understanding of the theory behind non-directive play therapy?

have no knowledge of theory!
only my perceptions & expectations

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

A child need to trust the adult before can work with him. need to feel comfortable in the space provided. child need to be able to feel happy excited, welcome in therapist's space before he will play freely, with confidence & engage therapist in his play.

4.2 "The therapist accepts the child exactly as he is."

Therapist must be open to what she/he gets - no bias! work with child & what is presented. regardless of what parent, teacher tells therapist.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Therapist must view child objectively accept child as he is, child feels accepted & will therefore develop easy rapport with therapist child then able to be open, honest & express feelings with playing, talking

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Therapist practises skills and uses empathic listening or reflective listening to assist child; to help him understand they way his feeling & maybe begin to understand reasons for behaviour. Can a young child gain insight into his behaviour?

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

I can understand this from an older child / adolescent point of view - but maybe difficult for younger child to institute change / make choices consciously.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Non-directive therapy allows child to lead the way & therapist uses learnt skills to follow / converse with child

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Therapy is / can be a long term process ; Therapist be prepared to work slowly or at pace of child. Teacher + family to need to accept slow / gradual process.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Therapist keeps child on track - to deal with issues relevant to situation - ~~make child aware of boundaries~~ need to be "work" with difficulties. This statement "feels" to difficult for child to achieve. Maybe older child → adult?

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Emotional upsets - separation anxiety family problems → behavioural difficulties anger + taking out frustration on other children &/or adults.
school refusal

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

Therapist attempts to engage child to help solve issues; talk + play about situations / events / that are causing child distress
→ conflict resolution
→ develop coping mechanisms (strengths)

7. What do you think the children get out of play therapy sessions?

opportunity to play in a safe environment – no judgmental adults / talk about difficult / difficult situations as situations arise; that will allow therapist to engage child in neutral territory & play and talk and act out "safely".

8. What are **your** expectations of non-directive play therapy?

help child to deal more positively with difficult situations; help him develop understanding + develop coping strategies, to behave more appropriately or deal differently with difficult circumstances. Teacher expects child to be more manageable after sessions.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

I expect play therapy to be beneficial for children, so I would refer for sessions if I thought the situation was serious enough.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

I don't think that many people (out of education) know about non-directive therapy - so probably they consider it as normal therapy (therapist talks to child / person & solves their problems). Many people view therapists as people

Therapy often viewed with trepidation - there must be something really wrong if you need therapy!

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

Yes

What information would you like to still know about non-directive play therapy?

What goes on in a session
how do you begin to work with a young child who has emotional / behavioural difficulties and may not have verbal skills to express all thoughts / reasons for behaviour

comments or questions:

maybe we could watch a session - 2 way glass??
- movie / video

Questionnaire

School: Gan Aviv

Teacher of class/grade: R

Years of teaching experience: 32

Age: 61

Training: Diploma in Nursery School Teaching.

1. What is the value of play in a child's everyday life?

The child can be himself and not be influenced by adult expectations or ideas. He can act and his ideas and feelings de his own satisfaction. He can learn through his play to share, communicate and socialize.

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

I would understand that with the material provided (finding the problems in the child) he/she can act out his feelings without the influence.

3. a) When you hear the word play therapy what are **your** perceptions that the child would be able to open himself up to his anxieties and frustrations. expectations That the child will feel relieved and happier in himself.

b) What is your understanding of the theory behind non-directive play therapy?

The theory would be that the child can express himself without the influence of someone else pedding him along.

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

The therapist should bond with and observe the child in his classroom a few times before the first meeting. This can take longer than expected as some children feel uncomfortable with those they don't know. Teacher influence would assist the therapist a great deal.

4.2 "The therapist accepts the child exactly as he is."

The therapist does not need to adopt the role of the teacher in reprimanding the child in any way when observing him. On the other hand she can encourage him in words or smiles to form a bond.

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Children do respond to a firm attitude so there is a fine line between too much permissiveness. The child really needs to feel in a safe area to express himself and to have the respect of the person giving him therapy.

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

Children respond where she be taken into confidence (not that they can keep a secret) and can analize a situation quickly.

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

This is often observed in a class room situation. I imagine this could only happen after a period of time and when the child has had a chance to work through many of his thoughts and ideas.

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

Children are very honest and once they trust you will chat away with what is bothering them.

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

Sessions should rather be numerous than too long.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Children can diversify very quickly and imagination can run riot. It is good for them to know what is real and what is not. I always make this clear when dealing a story (could this happen or not in the real world)

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

Children who are depressed

" " verbalize to me something that is worrying them very much.

Children speaking about 'life' situations they should not know about.

Angry children who take it out on others.
Children who are too quiet (nothing seems to upset them)
Children who become 'panicky' about the slightest thing and then proceed to keep on about it.

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

For the child to feel happier and less anxious. To don't feel it can go away immediately but over a matter of time. That the child will apply himself in class with more confidence and diligence. Child centred become more open and honest both to the teacher and peers. Parents are happier and more communicative.

7. What do you think the children get out of play therapy sessions?

A lovely feeling of being special with someone who cares for them. Children love one on one sessions and having undivided attention. A relief of pressure.

8. What are **your** expectations of non-directive play therapy?

A child will have better self-esteem and shows more confidence or have ability to cope better in their class.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

That the child will not be exposed to any things that are not really true. Children can be influenced in minds by adults and made to believe in what the adult wants them to believe. In non-directive play one hopes that this never happens. A for better choice.

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Not enough information is available to either teachers or parents.

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

I do not know enough about play therapy but would opt for non-directive play.

What information would you like to still know about non-directive play therapy?

A great deal.

comments or questions:

Teachers starting out in their careers as teachers should definitely have to attend sessions in this area in order to know what would be offered to a disbursed child. Clarification would be needed to be made as to what the problems would need to be for the child to need play-therapy. Teachers must be educated in this area. Many feel they are therapists themselves.

Questionnaire

School: Gan Aviv Pre Primary
Teacher of class/grade: Early Childhood Director
Years of teaching experience: 24 yrs
Age: 40 yrs
Training: BSocSc UCT HDE PrePrimary BEdHonours(UCT)

1. What is the value of play in a child's everyday life?

Play is the way (method) a child learns about life, about themselves, about how to navigate the world. The value of play is essential for a childs developmen

2. In the space provided below can you give a description of what you understand Non-directive play therapy to mean?

This is a space for the child to use the tools available to express him/herself without adult intervention or direction the child has mastery over his environment

3. a) When you hear the word play therapy what are **your** perceptions this is a positive, personal opportunity for a child to be guided to express his difficulties expectations

The child becomes clearer about his own feelings and is assisted to master the difficulties

b) What is your understanding of the theory behind non-directive play therapy?

I have not done any academic research as yet but I understand that it will be in lines with free play outcomes whereby the environment is designed to be a safe place for the child to explore, show initiative and develop strong sense of self

4. Virginia Axline developed eight principles for non-directive play therapy. Can you comment on each of these principles:

4.1. "The therapist must develop a warm, friendly relationship with the child, in which a good rapport is established as soon as possible."

This is the basis of any work with young children The relationship is critical. It needs to be one of trust and openness.

4.2 "The therapist accepts the child exactly as he is."

This again is critical no judgement can help with assisting child to be authentic

4.3 "The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely."

Open, honest relationships need to be modelled and that builds trust

4.4 "The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into his or her behaviour."

✓

That is good listening and reflective practise to lead to greater self awareness

4.5 "The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's."

This needs to be considered within the developmental norms of the child. We need to be realistic in how the child has been reared by primary caregivers

4.6 "The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows."

This is great child centred practise however there will be times where the therapist will have to place herself in the conversation for the child to realise that relationships are

4.7 "The therapist does not attempt to hurry the therapy along. It is a gradual process recognized as such by the therapist."

As long as the child is showing progress and coping with the issues that affect him/her during what is really there child be no rush.

4.8 "The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship."

Great comment I follow my thoughts in point 4.7.

5. What type of problems would lead you to refer a child for non-directive play therapy sessions?

When there is an imbalance with the child's relationships and a self esteem issue or when there are too many adult issues in the family and we need to keep an eye on how the child is coping after

6. What do you expect to happen when you refer a child for non-directive play therapy sessions?

The child will became more aware of feelings, how they are in relation to others & would around them, More contained, respected, valued, listened too.

7. What do you think the children get out of play therapy sessions?

Space to be themselves, to be heard to play out frustrations, to clear confusions

8. What are **your** expectations of non-directive play therapy?

Montessori all answered that I would like to assist child to cope in the world.

9. How do your perceptions and expectations of non-directive play therapy influence your decision to refer a child for such sessions?

I refer children for support when we are not able to see progress in the group and when the child feels they have out-of sync with their peers

10. What in your opinion are common perceptions and expectations of non-directive therapy and therapists in general?

Teachers don't really think about any of this except they want the child "fixed" so we should explain all the methods in more

11. If you did not know a lot about play therapy do you feel that a better understanding of the theory and practice would alter your perceptions and expectations of non-directive play therapy?

YES

What information would you like to still know about non-directive play therapy?

Need much more reading workshops & guidance from our psychologists No info has been shared with Teachers

comments or questions:

This has been important for me to realise we need to unpack the therapy support we offer children

Regards

ADDENDUM G

TRANSCRIPTIONS OF FOCUS GROUP

Focus Group

(researcher) Many of you were curious about what actually takes place during a play therapy session. If there were to be a demonstration what would you imagine to see in a play therapy session? (2nd speaker) I would think that there would be the relevant toy materials out in accordance with what the problem is and what they are dealing with with the children and then one would observe how the child is handling the material and get your conclusion from their frustrations and anything that shows from that. (4th speaker) I would imagine, having peeked into some therapists rooms, I have seen a dolls house and maybe something pertaining to the child's life where they u know can sort of act out or engage with something resembling their family so dolls, doll houses and other than that any toys which are age appropriate, I think? (6th speaker) I suppose how the child develops and how the child would play with toys and how they would use it in a way that is appropriate to themselves and how they interact with any sort of toy that is around them. (7th speaker) Um..a child being subjected to an environment like that might gravitate towards a toy or on the other hand might just sit and just be not completely involved with a toy but the therapist can still gauge the mood of the child and the confidence of the child if the therapist is very observant to the child's behaviour not necessarily engaging with a toy but just as he wonders around moving possibly/ hopefully from one toy to toy but maybe not engaging directly in it but just getting a feel of his behaviour. (1st speaker) As a demonstration I

would hope to see that a therapist really empathises with the child, watches the child carefully, watches his mood and will have in the room something that will engage the child in play. Perhaps the therapist will have a history of this child, perhaps the child will have a very special toy or blankie that can help to open him up, help him to trust the therapist that is working with him. (8th speaker) I was just thinking that children very often role play what actually going on in their lives if you just allow them to free play with whatever is there with a box or anything else. I have seen with certain children that it is amazing how they will look at an object and suddenly see something that isn't there and this is how you get to find out how they are doing and things like that.

(researcher) What do you expect the ultimate benefit of non-directive play therapy to be for children? (2nd speaker) I would expect that it would be a very honest situation and that the child could really divulge through play what is troubling him without the influence of adults which I always suspect can make a child say or do things that are not really happening to him so I think it is of great benefit if no one is directing him and he is just being observed. (3rd speaker) I think from non-directive play therapy the child will be more prone to acting out certain things that they possibly could be inhibited about doing. Like in an environment where they know somebody is watching or there are other kids so I think he or she would feel more free just to be themselves and to talk about or enact what is actually troubling them with the use of persona dolls, a dolls house or little

members of the family in an environment where they are free to do so. (4th speaker) I would think that the benefit of non-directive play would be to create a safe space for the child to be in and maybe once the trust has been established to give the child the space just to vent and to express any kind of emotion to feel safe enough to express themselves and by expressing themselves to release that negativity or just to vent and create a space for more positive things to come in. (5th speaker) Ja I also think that the benefit would be to get to the bottom of the problem because I think very often just by asking questions you don't really, and obviously it takes a very skilled person to read the play and read where the problem lies but I do think that through play – children learn through play in all areas and I think they learn emotional intelligence type stuff through play. I think learning through play is the best way. (7th speaker) As the previous speaker just said the emphasis of non-directive and the child being put in a completely natural environment without being prejudged or any predisposition and a child just being allowed to be with the therapist just being absolutely in tune and really being briefed very thoroughly before so be able to gauge that child's persona.

(researcher) What can you as teachers do to aid the process of non-directive therapy? (2nd speaker) I think that teachers could do quite extensive observation in the classroom to see where the child is playing and what is happening with the child and then pass this information on to the therapist through observation it should be quite evident to see if the

child is showing some definite problems. (3rd speaker) I think to aid the process you need to make sure that the child feels relaxed. I think that the first step would be to get the child to feel totally relaxed in the play environment before even starting the play therapy. Then I think that he or she will go on to actually express more – express their feelings. (4th speaker) I think just to liase with the teacher to liase with the therapist to find out what the issues are – some of the issues are – just to be aware of it and to deal with the child accordingly. (5th speaker) Ja I agree I think the teacher must be very involved with the whole process and know the necessary information about it and I do think that also the teacher knows the kid so you will know whether to make a fuss about it or whether to ask him about it e.g. how was yesterday with whoever and with which children not to do that. I think the teacher can potentially make the process very nice for the child or spoil it if she treats the situation in the wrong way. (6th speaker) I think that there should be a really open relationship with the parents and knowing what the child is up to at home and parents asking teachers for help. That way the teacher can go to the therapist and ask her for some info as to how to deal with the issues that the child has. (7th speaker) As **** said I think it is the triangle that is important. It's the parent, teacher and therapist. Very often the parent is left out of the loop and I think it is absolutely vital for the process to be complete is to have that triangle working because the behaviour at home is often different to what happens in the classroom and again different from what happens in

the therapy room. So to aid the process we need to be in theloop the three sections together very closely knit for the benefit of the learner. (8th speaker) I think it really helps if the teacher has said to the child that this is for example this is someone that I trust so that the child is aware that they are not just going with someone that they don't know but it is someone that the teacher trusts and because they trust their teacher and the parent they are more willing to open up and to have 'fun' in the room which ultimately helps the therapist.

(researcher) What do you need from the therapist to better understand and thereby assist the process? (3rd speaker) I think you need to see whether you have gleaned as a teacher in the class correlates to what the therapist has actually picked up and working backwards and forwards you can maybe eventually not arrive at a solution but the process will be aided in how to help the child in the best way. (4th speaker) I think maybe to get a sense of what the issues are that the child is experiencing and how it manifests and so maybe when the kid presents with whatever x behaviour that you can deal with it in a particular way and maybe also have an understanding as to where it is coming from that could be useful as well also for the teacher to then maybe develop more compassion for the kid. (5th speaker) I think for me personally what would be very useful is if the therapist could maybe supply a list of reading materials that the teacher can go on her own time and read to find out more about OCD or whatever because I think there is so much that the teacher can do and I think very

often teachers just think that the therapist is going to fix the problem and they don't want to do anything from their side – and I think there is a lot that teachers can do. (6th speaker) I agree with that aswell and think that I think that the therapist should actually observe the child throughout the day and not just have a child for a session to analyse where the problem lies. I think she should actually follow the child from the child starts school until the end of the day. Then the therapist can see in which areas the child needs help. (7th speaker) Again it is that communication which is the vital between the teacher the therapist and for continues meetings to be held so that the teacher is kept abreast of anything that might of occurred, any improvement or anything that is lacking and to have that continual communication between the therapist and teacher.

(researcher) Do you feel this kind of input or knowledge, so knowledge about what therapy is or what therapists do and all of that, would be valuable in teacher training programmes? (2nd speaker) I do I think it would be very valuable for teacher training because when I was trained as a teacher we never had any input or knowledge given of this type and I think if the teachers knew then they would know what to do when a problem presents itself so that they could have this kind of assistance not just say the child should go to a psychologist then I would say that play therapy would come through on its own. (3rd speaker) Yes I definitely do agree that it would be invaluable because maybe as a teacher one would learn different strategies of how to handle certain types of behaviour in the

classroom or how to help the child with certain types of behaviour when it does manifests and I think the more practical experience that you see and hear the better able you are as a teacher to help the child and give them the right tools to help themselves. (4th speaker) I agree as well, I think that EQ and emotional development is really key I think like the practical and scholastic side to training is important but the EQ side is also really important as well and also I think when we are talking about teacher training – it would enable them to work in a more holistic manner with the children so ja....but I think teachers have also got to reflect I think there has also got to be...I think it is also important that teachers reflect/ self reflection because it is difficult to empart EQ stuff if you yourself are unconscious and you are acting from an unconsciously place. (5th speaker) Ja I think it will be very valuable for teachers to [have knowledge of play therapy] – or just revisit the fact of how important play is because so much importance is placed on numeracy /literacy these days but everyone forgets that play is so important. Children don't really learn by sitting in a ring learning about counting they actually learn by doing it – so ja I agree (everyone agrees and adds in comments of approval). (6th speaker) I most definitely agree and for someone that just came now from exams and all these things they don't go into [theory –clarified after] of play therapy as much because you do a bit of psychology but you just do the surface of how to deal with certain things but they don't go into depth. Once you start teaching it is so difficult for you to be sitting there and find

out what the next step is for you to make/or the decisions to make (therapy?) So I think that teachers should actually be trained in the area of play therapy and really embark on and see the child maybe as a whole but see that there are certain problems that you need to deal with certain issues that the child is going through – so I believe that teachers should be trained (another teacher confirms know what behaviour to look for and to refer and know who to refer what to – observation)....not blowing it out of proportion whereas you might analyse a certain behaviour and think oops therapy..and it is really not for the child or the parents because now you have parents very worried and having sleepless nights that the child has a problem – I just actually think they need to really / take us to the next level with our training. (7th speaker) As *****said just the importants of any type of extra education any type of learning as teachers can only enrich ourselves as educators and just make us more aware of cognitive mind and be vigilant because we as teachers are not therapist, we are not OT's, we are not psychologists, but we can certainly be vigilant to a problem and be more aware and then refer. (8th speaker) I agree with my collegue on my left but I also think that I don't think we were taught enough in our various institutions about therapy and things like that. For me I have had personal experience myself with it so I know how it works but otherwise you come into a classroom you are responsible for those children and you don't actually know exactly what you are referring them to and you need to have more basic knowledge otherwise I think by the

time you are already teaching it is, not too late, but it is disappointing that you are now finding it out when there are a whole bunch of children who have actually missed out because of it.

(researcher) Tell me more about therapy doesn't work for all children – what are your experiences as teachers? (8th speaker) I think just like some teacher and some children don't get along or there is a slight clash the same happens with therapists and I think that the therapist themselves / or for therapy to work they need to adjust their behaviour according to the child and not say right all children, must for example, when they come in way with whatever they want or in a certain way or something like that. Basically they need to look at the child as an individual which sometimes doesn't happen and that is why therapy doesn't work.

(7th speaker) um...I think therapy is very important, I think it has got to be age appropriate because I teach in a playgroup and I know very often parents come in and they worry that the children aren't verbally right or they aren't standing straight enough - they are only just 2 and parents have got to be a little bit patient and the therapist comes in at the right time to actually benefit then I think that the therapist will benefit [the child/family will benefit from therapy] so we have just go to be cautious on when the therapist comes into the picture. (6ith speaker) I think um role play actually starts at home and a lot of these children come with a lot of different personalities when they come into the classroom and they will role play people at home – parents or family members – and I think that

where it sometimes doesn't work... is like ...certain issues are / should be dealt with at home and as a matter of fact children are just being themselves/just playing or just doing certain things and I don't think sometimes that they should actually go with the approach that this child need therapy and I think it is more of a personal issue that maybe sometimes parents have with themselves that children come to school and now they think that this kid is going out of way at home and now the child needs a therapist at school to watch the child. (5th speaker) I agree with that, I personally think that if a child is going to play therapy the child should also go. I do think that it is a triangle and the therapist can do nothing if the parents aren't also on board. So I think usually when the therapy really isn't working it might just be uninvolved parents. (4th speaker) Ja I agree....um....i think what is problematic is kind of problematising the child, you know, and not bringing the parents into the process and or holding the parents accountable – and that I think is maybe the negative side of it. There is also something to be said I think for the connection which a child has / rapport that they have with a particular therapist some gel with some people and others don't so u know ja. (3rd speaker) Yes, I tend to agree with that as well. I think that sometimes the parents need to go for parent guidance they don't have much of an idea of how to um..institue boundaries and limits and then the child suffers as a result. At the same time I do often think therapy can work but then again we have to be a triangle with a parent, child and teacher at the helm and

maybe if it is not working it could be the therapist it could be that the timing is not right for the child and also if the parents are not implementing what the therapist is recommending then it is definitely not going to work. (2nd speaker) I don't have much to add to that but I must just say that the same as teachers have to be educated about play therapy so parents also have to be educated in play therapy before these problems arise. So there should forums offered to parents to learn more about these things and then maybe have a better understanding of them / into it before the problems arise. I think they really don't know what it is all about. (1st speaker) I think the type of therapy that is offered might not be the kind that the child needs maybe he needs to be observed in a group where the issues arise rather than be seen as an individual in a situation I think in my experience that is often the case that the children are wonderful individually and they have no one to bother them but the minute they are in a group in the class that's when the issues really arise – that is where the therapist maybe needs to work.

ADDENDUM H

TRANSCRIPTIONS OF INDIVIDUAL INTERVIEW

Individual Interview

(researcher) what is the value of child's play in everyday life? A child learns through play so the value is that it allows the child to take charge of the environment and learn how everything works around him and so play is actually the medium of learning so it is incredibly valuable. Everything that children do they learn through play. (researcher) you are firstly a teacher yourself and you oversee a large group of teachers what do you feel their perceptions of play therapy are? Ok so...play therapy is different to play so their (teachers) perceptions are that there is a problem the child goes into a therapy room and he works out his problem and the problem is gone. So I think that is what their perceptions are, that it looks deeper in terms of the child and maybe dysfunctional areas or areas that worry the child that aren't being dealt with so I think the idea of play therapy is to deal with areas that are stuck developmentally – developmentally the child has become stuck - or things in their head that aren't being made explicit so its more like digging a little bit deeper not really about play it is more about playing through the emotions, issues they have, misunderstandings and checking out why the child is being dysfunctional in their behaviour one way or another. (researcher) if that is what you feel the perceptions of teacher are about play therapy what are the experiences or expectations of play therapy? When they [teachers – including the person being interviewed] refer a child for play therapy what do [they] teachers expect to

happen – what are the experiences which lead to the expectations? Their experiences are that the child then begins to feel better by having played out or acted out or dealt with some of the fears or anxieties that they have or misunderstandings so that when they come back from the play therapy they are able to feel better and more competent in their life, they are able to feel better in their play, they are able to use what happened in the room and generalise it to what happens in the classroom or in everyday life or outside in the playground. So that is what their expectations would be – that it would solve – they know that something is wrong but they don't quite know how to work with it and they are hoping that play therapy will solve some of those difficulties. (researcher) have you as a teacher and now head teacher seen the benefits of play therapy? Mmmm.... I am trying to think of which child I have referred for play therapy. You know its very difficult because I understand that it is not a short term thing, it is not a quick fix. Um so there are lots of children on the campus that are in play therapy but because their life is so difficult it is actually helping to maintain and contain them. I don't expect them to radically change but what it does is make you as a teacher feel more secure that the child is being held I think that would be the ideal. So I would know that we as teachers we can get on with what we need to do (the teaching) teaching the child and providing learning through play and that they were being contained in terms of their emotional needs and their psychological needs - they have a safe space so school isn't necessarily a safe space for them to deal with

their fears and anxieties they can be contained in the safe place. I think that is what my expectations would be, I am not sure if that is all teachers expectations – I think they would want it fixed. In terms of seeing the benefits they may say oh but nothing has changed if there is not quick changes but it also has to be holistically so you can't just work with play therapy you have to look at a lot of other measures as well and put those in place. (researcher) what can teachers do to aid the process? I think to aid the process teachers need feedback of a nature that says this is what you should be doing – e.g. the child feels unhappy when this or that happens so that they actually identify triggers and then they actually understand what it is that the child needs in order to start to feel empowered and to work towards a sense of independence or feeling of competence, feeling of mastering his environment. I therefore think it is feel important that they have communication with the play therapist, they need to....so that it is holistic support around them not necessarily the details I understand that but what are the ways that teachers can help? They should always know how to facilitate if a child is upset or when the child does this or that – also we need to make the child more independent that's what we work towards is independence and how can they help do that so they are needing information, they need support, they need acknowledgement and recognition for the work that they doing to feel ok with what they are doing. They need someone to point out this is what you shouldn't be doing so they need to be communicated with and not to be

left alone with whatever the issues are. (researcher) do you think it would be beneficial for teachers to theory or (observations) of practice of play therapy so that they can have a greater understanding of the process? Absolutely I remember lecturing to psychiatrists about child development and I was amazed that the psychiatrist which work with children knew so very little about play and the kinds of in and out everyday normal developmental norms and they then said that when they do their work they need to work with teachers – empower teachers – it is a sharing of knowledge. I think that when there is an openess and sharing of knowledge that is good. So you wouldn't give anybody (teachers) more information than they want but you would invite them (teachers) to ask questions, you would offer opportunities to share information – little bits of insight – not overloading. I am not saying come with a book and say read the book we saying this or these are the things that we do otherwise it remains behind closed doors like a 'hoorie goorie' thing that only certain people can do and while you do guard the sanctity of the professional codes and behaviour it is important that it is not a myth. It needs to be unpacked – that it is actually all about human behaviour and healing and curing and different ways of doing it. So I would give teachers that want the information the information in any way that they are able to digest and enable to work with children in a better way. It is not really our knowledge to hold – it is knowledge to share and deal with. (researcher) In some of the questionnaires teachers spoke about 'it doesn't work' can you tell me

about these experiences (as / about teachers) of play therapy? I am not sure what they mean by it doesn't work – I have a good feeling is that what they thought was happening on this campus with play therapy and it didn't work for them because the instant a lot of teachers wanted it to be fixed instantly because then they feel out of control when the child isn't better and then they take a lot of the child's behaviour or difficulties onto themselves so I think a lot of the (not working) is that - which is irrational but that is how human beings are. They also felt that there was a lack of sharing, they felt that they didn't have control over what was happening and they didn't understand the long process it wasn't explained properly to them. I think that a lot of misunderstanding comes from lack of communication and not working together and understanding what each persons role is. We did try once or twice we spoke in staff meetings and said we needed to talk about it but we didn't put enough [effort into it]. We didn't understand how important it was. We need to constantly do that – unpack the expectations after what they expect of the therapist and what the therapist expects of them. I think we need to do much more of that – because that it when things work very well. I think that is were teachers felt that it didn't work. Also sometime the cases are so complicated and there is trauma after trauma and dysfunction on top of dysfunction and so I don't know how teachers can say 'didn't work' it is a crazy thing 'didn't work'. I would never say didn't work – I would say that the child is not moving on fast enough sometimes I also think that there can be a problem

that the therapist is holding the child and there isn't progress and it is very important that parents are told that at certain points if a child isn't moving on – you can't go for year after year without any progress people say that play therapy is long term we/i (teachers) understand that but you have to have measurable goals so I would always want to explain to parents that you want to see progress somewhere with whatever and the child also needs to be respected in terms of how long they need to be in this process and how it is impacting on them because you can't every underestimate what they perceive in terms of why they are having this and that also has to be spoken about. So I have concerns around play therapy I don't think we use enough of it I haven't recommended it for many children. I mean it is not something we looked at because children through play/through mediums of play – sand, water – whatever they use they should then be able to act out a lot of their 'stuff' around them. It is when there is family dysfunction that I would like to see family therapy and I would like to see the parents in the playroom playing with the child. Umm so that they can learn to play together because I think if the parents were taught some of those skills then that would be so much more far reaching as opposed to once a week dropping the child off he does some whatever it is there comes back and move on so who is learning and how are you actually taking what happens there in the playroom and transferring it and transforming the child. So I think the most powerful one when you can work with the parents, working with the teachers and if everyone is

working together and you bring the child in and you look at what the issues are because everything can be worked through. (researcher) are there any other issues you would like to raise or comments you would like to make with regards to play therapy / teachers / and their involvement? Umm...ja...I think now that this has been raised I would like to have play therapists come and talk to the teachers about therapy. I would like to hear about their experiences what they do, some of their success stories, some of their difficult challenges it can all be talked about so that teachers understand what is the difference and then for us to talk about the difference in terms of play therapy and natural play or directive play which we do or learning through play or exploratory play - because there are all different forms of play and I think that possibly even though we take for granted that all teachers know about play maybe we need to explore play much more. Because I think in the courses today – I mean I / we studied play for three years it was like the central theme and I don't know if teachers do it anymore in their training. They look at literacy, numeracy and life skills how do you get to the ends of whatever you want to get but don't look at what the process is and how important the process is. Umm so we need to do lots more on that and documenting and processing how important they are. I even see it when you look at how some teachers they do much more play / exploratory play and they value it more and you can see how when children are involved in exploratory play there is less behaviour difficulties, there is less conflict they able to mediate when they

are happy better than if you put them in a room with nothing / no medium for them to actually work through so I think I would like to explore that more with the teachers see the different approaches, I am sure that they all have their own way of working and I think it would be very interesting to see how everyone operates differently. I think I have always been afraid of referring to a therapist (working at the school) because you get caught in the relationship and how do you judge whether it is good or not – you don't really know if this is the right thing. It is not like you can interview your therapists and...mind you I suppose you should. Also the parents I also feel very worried about a parent that just drops off a child and doesn't know what goes on behind those closed doors. I think that a parent and a child are completely connected, I respect that a child has the right to choose and a right for privacy when they are older but when they are little it is too dangerous to teach them about privacy. I think respecting them and respecting their feelings but how do you say to a four year old – 'nothing that we are going to talk about I will share with your mommy' – you know I don't know how it works but I imagine that um..in my short experience with some of the therapy which has been done on this campus up till now even the parents didn't get an understanding of what is going on in that room and I think that is very worrying for me so. I would like to understand that a little bit more umm..my only experience is that I did psycho and social drama at university and I loved it and it was great fun and I have done fish bowls and I have done adult stuff around play

184 therapy but never with young children um..because we (teachers) use play
185 to teach/learn constants – to learn about the world and relationships so it
186 has all be on how to get on in the world not how to deal with anxieties or
187 fears so ummm ja nothing else.